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It's Not About Me: College Women and Unplanned Pregnancy

Jayne W. Hardy

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IT'S NOT ABOUT ME: COLLEGE WOMEN AND UNPLANNED PREGNANCY

by

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Bachelor of Science, Moorhead State University 1980
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A Dissertation

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

Grand Forks, North Dakota
August
2011

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This dissertation meets the standards for appearance, conforms to the style and format requirements of the Graduate School of the University of North Dakota, and is hereby approved.

Jayne E. Sirota
Dean of the Graduate School
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Signature Jayne W Hardy
Date July 13, 2011

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ABSTRACT

The purpose of this qualitative study was to explore the experiences of single college women who had an unplanned pregnancy while attending a small private four-year university in the upper midwest. The conceptual framework used to provide direction for this study was social constructivism. A phenomenological approach was used to seek the reality constructed by the participants and develop subjective meaning from their experiences. The participants were all students who attended the same university and all had delivered their baby prior to the first interview. The audio-recorded interviews were transcribed and then analyzed for codes, categories, and themes. The following three themes emerged from the data analysis:

1. An unplanned pregnancy triggers a broad range of emotions.
2. An unplanned pregnancy necessitates access to a variety of support systems.
3. An unplanned pregnancy involves numerous transitions.

The conclusions of the study were related to the emotions, support systems, and transitions of the single college women who participated in this research. An unplanned pregnancy was an intensely emotional experience for these women and was exacerbated by the demands of college life. The emotions ranged from intense fear to excited anticipation as the women considered decisions that had to be made and the consequences of their choices. The physical and emotional changes necessitated a strong support network from a variety of different areas. Support from family, friends, and the

father of the child had the most significant impact. Assistance from the community, social services, church, and university also affected the women's ability to juggle multiple roles and still attain their goals. Finally, an unplanned pregnancy and the transition to motherhood was a life-changing experience for these women which accelerated their journey to adulthood.

CHAPTER I

INTRODUCTION

An unplanned pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. According to the American Academy of Pediatrics (2003), two in five young women will become pregnant before age twenty, and four out of five of those pregnancies will be unintended. In 2006, approximately one-half of the pregnancies in the United States were unintended (CDC Vital Signs, 2011; Geller, 2004, Kost et al., 2010, Moltz, 2009). Childbearing by unmarried women reached a record high of over 1.7 million births in 2006 (American College of Obstetricians and Gynecologists, 2009). Teen births in the United States are up to nine times higher than in most other developed countries (Center for Disease Control and Prevention Vital Signs, 2011). In addition, daughters born to teen parents are almost 33% more likely to become teen parents themselves continuing the cycle of teen pregnancy (American Academy of Pediatrics, 2003). About 50% of teen mothers get a high school diploma by age 22, compared with 90% of adolescent women who do not give birth. Teen childbearing costs United States taxpayers about nine billion dollars each year. (CDC Vital Signs, 2011).

Facing an unplanned pregnancy in college is an experience which has potential to impact many aspects of young women's lives. Unplanned pregnancy places mothers in college at a greater risk of academic hardship and failure to achieve education and career

goals (Moltz, 2009). In community colleges, 61% of students who have a child after enrolling did not finish their education (Duncan, 2008; Jacksteit, 2008).

Prominent within organizations now focusing on the issue of unplanned pregnancy among young adults is The National Campaign to Prevent Teen and Unplanned Pregnancy [The National Campaign] (2008), a nonprofit organization established in 1996 to work exclusively on decreasing teen pregnancy in America. Teen pregnancy declined from 1991-2005, but rose 5% during 2005-2007 (CDC, 2011; Kost, 2010). Noting both the success rate in reducing teen pregnancy in the United States and the fact that no similar progress was made in reducing unplanned pregnancies among young adults, the National Campaign decided in 2007 to expand its mission to focus on adults in their twenties. Kane, National Campaign senior director reported, "It might surprise some people, but most unplanned pregnancies are not to teens but to unmarried women in their twenties" (as cited in Moltz, 2009). Kane hoped to build on the important work already happening in the area and raise awareness that unplanned pregnancy is not just a teen problem. She believed increased efforts would reach young women and men in creative ways, help them think more seriously about pregnancy planning and prevention, and link them to already existing sources of information and services (Moltz, 2009).

Since expanding its mission in 2008, the National Campaign has been focusing its effort on generating data collection with young adults. In 2008, the National Campaign began actual programming in areas it considers especially promising, including work with community colleges (Boonstra, 2009). In late 2008, the National Campaign initiated

a program area focused on students enrolled in community colleges and awarded grants to three community colleges to test various approaches. For Duncan, president emerita of Howard Community College in Maryland and an advisor to the National Campaign, the focus on community colleges was especially compelling. “As a long-time college president, it has become clear to me that whether the opportunity for education is lost or delayed, unplanned pregnancy often makes life harder for those trying to achieve a college education” (Duncan, 2008, n.p.). While the research conducted by the National Campaign has been focused on community colleges, the phenomenon has an impact on women with an unplanned pregnancy who attend four year colleges and universities as well. “A better understanding of the multiple dimensions of unintended pregnancy may lead to a better understanding of the consequences of these pregnancies” (Santelli, 2003, p. 98), including student success rates and retention at four year institutions of higher education.

Changing Trends

Galston, a National Campaign board member, a Brookings Institution Scholar and one of the nation’s preeminent social scientists, participated in a meeting in 2007 where he gave a presentation titled *The Changing Twenties*. In this seminar, Galston asserted that being 25 in 2007 was very different than just a generation ago. Galston further declared young adults to be less likely committed to a career, oscillating between education and temporary jobs and also between living with their parents and living independently (p. 1). Most young people then were living outside of institutions and, therefore, without the structure and norms that institutions provide. This change

represented what Galston referred to as a revolutionary shift in the balance of education, marriage, parental involvement and the definition of education itself (Galston, 2007).

The changes in choice and lifestyle among those in their twenties have impacted a variety of outcomes. Over the past 25 years, what was once a male edge in college enrollment has been replaced by a substantial female edge in college enrollment (Galston, 2007, p. 3). The increase in women's education has been accompanied by a sharp rise in labor force participation among women (p. 5). In addition, the age of marriage and cohabitation has both increased significantly. In 1970, only 21% of 25 year olds had never been married while in 2007, that figure was above 60% (p. 7). Cohabitation had become an increasingly important part of the phenomenon of births to unmarried women, moving from 29% to 53% of that group. Many women hoped that the birth of a child would trigger marriage, when in reality the birth of a child was almost twice as likely to trigger the dissolution of the relationship (p. 11). Since a number of consequences accompany an unplanned pregnancy, this remains a serious problem in the United States. Children born following an unplanned pregnancy potentially face more hurdles than children whose births were planned. Women also face hurdles; among them, a greater risk of educational hardship and failure to achieve education and career goals (Brown, 1995; Galston, 2007; Moltz, 2009).

Unplanned Pregnancy and Education

An unplanned pregnancy presents potential obstacles for young women to attain their educational goals. "The data is overwhelming that teen pregnancy has a negative impact on education and employment," stated Wagoner, president of Advocates for

Youth (as cited in Huus, 2010). The effect was felt throughout every state in America. The Pregnancy Risk Assessment Monitoring System (PRAMS), administered by the Centers of Disease Control and Prevention, has been an ongoing, state specific population-based surveillance system of maternal behaviors and experiences before, during and after pregnancy. PRAMS surveillance system collects state-specific data designed to supplement vital records. Conclusions from the information demonstrated that further study would be beneficial in understanding the experiences of college women with an unplanned pregnancy. Therefore, the current study examined the experiences of unplanned pregnancy on college women, with the goal of analyzing how eight single women at one private four-year university in the upper midwest were affected by their unplanned pregnancy experience.

Problem Statement

Research has indicated that many single women with an unplanned pregnancy have failed to attain their academic goals (Boonstra, 2009; Duncan, 2008; Finer & Henshaw, 2006; Huus, 2010; Jacksteit, 2008; Moltz, 2009). Despite a substantial investment of time, energy and money, many do not attain the college degree they intended to pursue during their college experience. While information was found about the impact of an unplanned pregnancy on high school women, and research in progress with community colleges, information on the effect of an unplanned pregnancy on unmarried women enrolled in four year college programs was scarce. The National Campaign to Prevent Teen and Unplanned Pregnancy suggested that colleges could better

understand how unplanned pregnancy affects their students by simply asking the students to share their experiences and suggestions (*Unplanned Pregnancy*, 2008).

Purpose of the Study

The purpose of the present qualitative study was to explore the experiences of single college women who had an unplanned pregnancy while attending a small private four-year university in the upper midwest. While it has been widely accepted that an unplanned pregnancy is a major event for college women (Boonstra, 2009; Duncan, 2008; Finer & Henshaw, 2006; Huus, 2010; Jacksteit, 2008; Moltz, 2009), little descriptive knowledge was found to exist about their experience. The information in the current study may provide a better understanding of how an unplanned pregnancy affects young women's lives. It may also shed light on the issues and challenges they face including the availability of resources at a four year college. Further insights may be gained about how more informed decisions can be made regarding education experienced by both the young single women involved with an unplanned pregnancy and the academic institution they chose to attend.

Research Question

The primary function of a research question is to explain specifically what your study will attempt to learn or understand (Maxwell, 2005). To better understand college women with an unplanned pregnancy, the following research question was addressed: What are the experiences of college women who had an unplanned pregnancy while attending a small four-year private university in the upper midwest?

Research Approach

Using a phenomenological approach, the experiences and perceptions of eight single college women who faced an unplanned pregnancy their first or second year of college was examined. Participants involved in the study were students who attended the same small private university in the upper midwest. All had delivered their baby prior to the first interview. Participants were recruited by personal invitation as well as referrals from trusted colleagues. Participation was voluntary. Each participant was interviewed for approximately one hour the first time and approximately fifteen minutes the second time. Each interviewee was identified by a pseudonym, and all interviews were tape recorded and transcribed.

The interview process began by conducting three pilot interviews. The information obtained through the pilot study and the subsequent interviews formed the basis for the overall findings of this study.

The Researcher

At the time of this study, I was employed as a faculty member at the university where the research occurred. The qualitative research was conducted as part of a dissertation and the completion of a doctoral degree in teaching and learning. While the opportunity to talk with students who were in the midst of such an experience was valuable in providing insights, the fact remained that such relational dynamics could also serve as a liability, biasing the judgment regarding research design and interpretation of findings. In addition to the assumptions articulated at the beginning of the study, I remained committed to critical self reflection through journaling and dialogue with

advisors. To address the subjectivity and strengthen the credibility of the research, various procedural safeguards were taken, such as triangulation of data sources, comparison of methods and inter-rater reliability checks with advisors and committee members.

Delimitations

- Participants in the study were eight single women who attended the same university.
- The site was a small private four-year university in the upper midwest.
- Participants were interviewed in small conference rooms at the university or at the public library.
- The interviews included three students from a pilot study conducted in 2008 and five students interviewed between June 2010 and March 2011.
- Each participant was interviewed for approximately one hour and fifteen minutes total.

Definition of Terms

To assist the reader in obtaining a clearer understanding of the study, the following terms have been defined:

Community college: A two year nonresidential college in Canada or the United States, usually supported by the government, which offers two-year courses or career training and awards associate degrees, diplomas or certifications (Encarta dictionary, 2008).

Ideology: The body of ideas reflecting the social needs and aspirations of an individual (American Heritage Dictionary, 2001).

Interpretative Phenomenological Analysis (IPA): Procedural processes which involve an exploration of phenomena around a central account of participants' experience, specifically seeking the meaning participants assign to the event.

Persistence: The desire and action of a student to stay within the system of higher education from the beginning through degree completion (Seidman, 2006).

Retention: Ability of an institution to retain a student from semester to semester until the student graduates or otherwise leaves the institution.

Conceptual Framework

According to Maxwell (2005), the conceptual framework serves two primary purposes. The first is to demonstrate the relationship of the research to existing theory and contribute to the intellectual understanding of the topic being studied. The second is to explain the framework that guides the study. The conceptual framework used to provide direction for the current study was social constructivism or interpretive world view. A subjective perspective allows individuals to seek understanding of the world in which they live based on their own view of the phenomenon experienced (Creswell, 2007). Since the goal of this research was to better understand the experiences of the participants, social constructivism was an appropriate conceptual framework and provided the basis for the phenomenological approach utilized to conduct this study.

Interpretative Phenomenological Analysis (IPA: Smith, 1996) is a social constructivist method of analysis which aims to capture and explore the meanings

participants assign to their experiences. Participants are recruited because of their common experience with the phenomena being explored (Reid, Flowers & Larkin, 2005). The participants' lived experience is coupled with a subjective and reflective process of interpretation. Inferences are made from the data with an awareness of the contextual and cultural ground against which data are generated, provided that they are developed around a central account of the participants' experiences.

Researchers gather qualitative data from research participants using techniques which may include semi-structured interviews. One-to-one interviews create rapport between the interviewer and interviewee and allow participants to think, speak and be heard (Reid, Flowers and Larkin, 2005). The interviewer seeks personally-salient accounts of richness and depth which provide an interpretive world view.

Organization of the Study

In Chapter I the study was introduced to provide an overview of the changing trends among young adults and the impact those trends may have on education. The background information utilized as a foundation for the purpose and significance of the study was presented next. The research question, approach, delimitations and definitions gave clarity to the direction of the study. Social constructivism was the guiding conceptual framework, allowing the participants to make meaning of the phenomenon they experienced. The methodologies used for the study are described in Chapter II, including the identification of codes and themes from the data. In the third chapter, the findings of the study are presented, followed by a discussion of the themes with reference

to the current literature in the fourth chapter. The conclusions of the study and recommendations for further research are found in Chapter V.

CHAPTER II

METHODOLOGY

Introduction

The purpose of this qualitative study was to explore the experiences of an unplanned pregnancy for single college women attending a small private four-year university in the upper midwest. Utilizing a phenomenological approach, the study sought to address the participants' perceptions of their experiences by focusing on the following research question: What are the experiences of college women who had an unplanned pregnancy while attending a small four-year private university in the upper midwest?

Presented in Chapter II is an overview of quantitative and qualitative research, a synopsis of phenomenology, an outline of the phenomenological approach used in this study and a discussion of participant selection and protection. In addition, the pilot study, the expanded study and the process by which data was collected, organized and analyzed are discussed.

Quantitative and Qualitative Research

In quantitative research, facts speak for themselves. The difficulty with empirical research is the assumption that the world consists of facts, which is unrealistic (Olson, 2004). The world is a very complex place and the data acquired through quantitative research presents only a partial picture of reality (Olson, 2004).

Qualitative research allows for expansion of understanding and includes several forms of inquiry to help explain the meaning of social phenomena with as little disruption of the natural setting as possible (Merriam, 2001). Qualitative research primarily employs an inductive research strategy (Merriam, 2001; Olson, 2004). Induction involves developing theories through examining data. "Its truths rest upon the acceptance *a priori* that the measurement or record keeping methods are acceptable" (Olson, 2004, p. 14). While deductions, in which hypotheses derived from theories are tested against empirical data, are considered more scientific, within inductive research, realists advocate the use of reduction and abduction as methods of analyzing data (Olson, 2004). Reduction involves analyzing what might have caused the observations, while abduction refers to the phenomenological attempt to get inside the topic which is being researched. Understanding, when abduction is being done, grows in pre-discursive ways. Understanding is later integrated into verbal descriptions that are rich, rooted in the locality and in the lay discourse and phenomenologically accurate (although not always easy to translate back into scientific or theoretical discourse) (Olson, 2004, p. 15). Studying unplanned pregnancy in college women required abductive research.

Phenomenological Approach

Phenomenology is a school of philosophical thought that is based in social constructivism. Rooted in the work of John Dewey (1933) and Jean Piaget (1955), constructivist theory asserts that learning is an active, problem solving process in which learners build upon prior understandings to construct new knowledge through interaction with their environment. The basic tenet of constructivism is that reality is socially,

culturally and historically constructed (Lincoln & Guba, 1985, 2000), and that individuals develop subjective meanings of their own personal experiences which give way to multiple meanings (Bloomberg & Volpe, 2008). Phenomenology began with German philosopher Edmund Husserl (Bloomberg & Volpe, 2008, Kvale, 1996, Patton, 1990). Husserl argued that traditional science distanced people from the world of everyday experiences (Rudestam & Newton, 2007). He was interested in “the study of how people describe things and experience them through their senses” (Patton, 1990, p.69). With its emphasis on experience and interpretation, phenomenological research “describes the meaning of the lived experiences for several individuals about a concept or the phenomenon” (Creswell, 2007).

The phenomenological researcher is interested in elucidating both that which appears and the manner in which it appears. In order to study the participants’ perspectives of their world, a researcher attempts to describe in detail the content and structure of the participants’ consciousness, to grasp the diversity of their experiences, and to explicate their essential meanings (Kvale, 1996). The researcher attempts to get beyond the experienced meaning to the lived meaning. According to Patton (1990), this type of research is based on the following assumption.

There is an essence or essences to shared experience. These essences are the core meanings mutually understood through a phenomenon commonly experienced. The experiences of different people are bracketed, analyzed and compared to identify essences of the phenomenon for example, the essences of loneliness, the essence of being a mother or the essence of being a participant in a particular

program. The assumption of essence, like the ethnographer's assumption that culture exists and is important, becomes the defining characteristic of purely phenomenological study (Merriam, 2001, p. 15).

The common experience of individuals provides the framework upon which phenomenological research is built. Thus, the purpose of phenomenological research is to investigate the meaning of the lived experience of people to identify the core essence of human understanding as described by research participants (Bloomberg & Volpe, 2008). The investigation of essences shifts from describing separate phenomena to searching for their common essence (Kvale, 1996). Husserl termed one method of investigating essence as a "free variation in fantasy" which involves varying a given phenomenon freely in its possible forms. Whatever remains constant through the variations is the essence of the phenomenon.

Interpretative Phenomenological Analysis

The analysis method used to provide direction for this study was Interpretative Phenomenological Analysis (IPA). Procedural processes of IPA involve an exploration of phenomena around a central account of the participants' same experience, specifically seeking the meaning participants assign to the event. For this study, participants were recruited because of their common experience with an unplanned pregnancy during their college years. In an effort to set aside personal biases, I reflected upon my own preconceptions about an unplanned pregnancy and college women and recorded my thoughts in a personal journal. After bracketing these notions (Ahern, 1999), I was able to listen closely to the participants' stories and focus on their particular perceptions.

Qualitative data was collected using interviews as the primary source. One-to-one interviews were conducted in a private setting with special care taken to create rapport between the interviewer and interviewee. The interviews were transcribed verbatim and transcripts were coded in considerable detail, focusing on the key words of the participant. Analysis of the emerging codes revealed patterns in participants' experience and perspective of their world. These patterns become categories, or recurring components of meaning throughout the text. Categories identify both something that *matters* to the participants and also convey something of the *meaning* of that event for the participants (Reid, Flowers & Larkin, 2005). Using subjective and reflective processes of interpretation, the categories evolved into themes which were used to report findings from the research. Finally, attempts were made to make sense of the participants' experiences and concerns, and to illuminate them in light of the particular research question.

Participants

The participant criteria for this study identified single women in attendance at the same small private four-year university in the upper midwest who had an unplanned pregnancy during the first two years of their college experience. Participants were recruited by personal invitation and referrals from trusted colleagues and participation was voluntary. Twelve women were contacted, with ten meeting the criteria for the study. Eight of the ten chose to participate in the research. The first three participants were from the pilot study conducted in the spring of 2008 and the next five participants were from the expanded study conducted during 2010-2011. Each interviewee was

identified by a pseudonym, and all interviews were audio-recorded and transcribed verbatim. The transcriptions were then coded and categorized with themes emerging from the categories. The goal was to analyze information-rich cases for an in-depth study of the impact of an unplanned pregnancy on college women.

Protection of Human Subjects

Permission to conduct the pilot and expanded study was obtained by the Institutional Review Boards at both the University of North Dakota and the university where the study took place. Each participant was contacted to discuss the purpose of the research as well as the potential risks and benefits. Protection of human subjects was assured to all participants. Participants gave written consent (Appendix A, p. 126) and were made aware that they could withdraw from the study at any time without penalty or loss of benefits to which they were otherwise entitled. Pseudonyms were used and identifying information was altered to maintain participant confidentiality.

Description of the Setting

The setting for this study was a rural midwestern community of approximately 62,000 residents and a metropolitan area of approximately 110,000. The university where the study was conducted is a private, four-year, degree-granting college with approximately 3000 students from 31 states and 17 foreign countries at the time of this study. The university offers degree programs in 44 areas of study, a focus on individual goals, and one-on-one advising. Pre-professional programs are offered in nine fields; there are eight master's degree programs and one doctorate. The participants in this research were studying diverse areas of interest, with each one focused on a different

academic area. Majors included psychology, radiologic technology, biology, nursing, elementary education, athletic training, physical therapy and business administration.

Interviews

Interviews were used to generate data and each participant agreed to meet for two recorded sessions. The first interview lasted approximately 60 minutes, and the second was approximately fifteen minutes. The interview sessions occurred at a quiet place selected by the participant either on or off campus and written permission was obtained to audiotape the interview. Kvale (1996) suggested that interview questions posed in descriptive form elicit the most descriptive response. Potential interview questions were formulated and, while they helped keep the focus on the phenomena of an unplanned pregnancy, questions varied, dependent on the participant. The interview questions are listed in Appendix B, p. 130.

Field notes were written immediately following the interviews to record observations, nonverbal communication, insights, and other relevant information. A relaxed atmosphere allowed questions to emerge as the interview progressed. Each participant was thanked for her contributions and an invitation was extended to share additional insights, should any occur.

Pilot Study

The purpose of the pilot study was to test the topic and questions for the research. Using phenomenology as the method, the interviews were recorded and transcribed. The transcribed interviews revealed 33 codes which evolved into three categories; (a) emotions, (b) support systems and (c) hopes, expectations and goals. Three major themes

emerged from the categories: (a) an unplanned pregnancy triggers a vast range of emotions and each person handles their emotions in very different ways, (b) support systems are the most important component in the decision-making process, and (c) a positive attitude and the ability to look beyond themselves were essential in reconstructing their future.

The participants were all students at the same university who had disclosed their pregnancy during the semester they were in my class. All three of these women became pregnant their first semester of college and delivered the baby prior to the first interview. Their choices after delivery included:

- An open adoption to a hand selected family. The biological mother had frequent visits, (i.e. monthly) with the family.
- The mother kept the baby with no help or support from the baby's father.
- The mother kept the baby and was still in a relationship with the baby's father.

The pilot interviews were conducted in a private place chosen by the participants. The questions were open ended and included descriptions about things like their college experience before, during, and after their pregnancy. The participants are identified below:

Immacule

Immacule was a sophomore majoring in psychology at the time of the interviews. She conceived her baby by acquaintance rape at a house party during fall semester final exams her freshman year of college. The baby's father had been drinking excessively and Immacule was worried that he might have alcohol poisoning. She took him to a

bedroom so he could sleep it off which is when the rape occurred. Immacule chose an open adoption for her daughter, locating a hand-selected family recommended by her doctor. Her biological family was the support system most helpful to her during the pregnancy. She was attending college in her home town, so she was able to get away from the residence hall when necessary, and spent most of her time at home. After the adoption, her support came from her family, other college-age mothers, on-line connections, and friends.

Shokera

Shokera was a sophomore majoring in radiologic technology at the time of the interviews. She delivered her son during finals week of spring semester her freshman year; she and the baby's father were no longer dating at the time of the delivery. Shokera did not know she was pregnant when she went to the hospital to deliver her child. She had heard about gaining weight in college, often referred to as the "freshman fifteen", so she was not overly worried when she gained about 20 pounds her first year of college. Shokera went into the emergency room with severe cramping and six hours later, delivered her son. Having had very little time to decide what to do with the baby, she chose to keep him. Even though her family was not prepared, they have been very supportive to her in the parenting process.

Condoleza

Condoleza was a senior majoring in biology at the time of the interviews. She had only been dating the baby's father about four months when they conceived. They were using condoms, but she indicated that "they did not work". Condoleza moved to Iowa for

college as originally planned, but decided to move back home after she found out she was pregnant. Her baby was born the week after spring semester finals her sophomore year. She chose to keep her son and lived with her family who supported her by assisting with child care.

Summary of Pilot Study

The pilot study helped me gain experience with qualitative research and identify potential problems with phenomenological methods. It also verified validity for the expanded study, and provided important information for the overall research conducted. Finally, successful completion of the pilot study provided me the confidence to proceed with the expanded study.

Expanded Study

Giorgi (2003) suggested that the best sample size in phenomenological research ranges from one to ten with the ideal size being ten and under (Reid, Flowers and Larkin, 1995). The expanded study included five additional participants who experienced an unplanned pregnancy their freshman or sophomore year of college. All of the women were current students at the same small private university in the upper midwest. A personal invitation was extended to participate in the study and a consent form was signed by each participant. The experience common to all of these women was an unplanned pregnancy resulting in the birth of their child and all participants had given birth prior to the first interview. Their profiles are described below:

Rocky

Rocky was a junior majoring in nursing at the time of the interviews. She was living with the baby's father at the time of the conception. The pregnancy was a shock as she was using birth control which "apparently didn't work". She chose to keep her son, who was four months old and with her at the first interview. Although her mother has provided some good advice, her biological family dynamics are strained. Her primary support person is the father of the baby who Rocky married in May of 2011.

Cora

Cora was a sophomore majoring in elementary and early childhood education at the time of the interviews. Her daughter was born in the fall of her freshman year. She was not in a relationship with the baby's father at the time of the delivery. Her older sister had a baby her first year of college and gave it up for adoption; however, Cora knew she wanted to keep her child. Her parents understood her desire to be a mother, so they never really pressured her to choose adoption. They have been her primary support system in raising her child.

Johnella

Johnella was a senior majoring in athletic training at the time of the interviews. She and the baby's father had known each other since elementary school and were dating at the time their daughter was conceived, which was during her sophomore year of college. The baby was born about two weeks before school started in the fall. She chose to keep her daughter. Johnella stayed at her parent's home for about a week after the birth, and then she and the baby's father decided to move in together. The relationship was unstable and his parenting assistance was unreliable until he chose to go for

addiction treatment which helped him “turn his life around”. Johnella and the father of her baby married in August 2010.

Markel

Markel was a junior majoring in exercise science at the time of the interviews; however, she plans to pursue a doctoral degree in physical therapy in the future. She and the baby’s father met while working at the university and were dating at the time of the conception. She chose to keep her son and currently lives with his father. They have strong family support, even though neither family is from the area. She was confident that their relationship would endure the stress of an unplanned pregnancy and hoped to be married to her baby’s father in the future.

Sis

Sis was a junior majoring in business administration at the time of the interviews. She and her baby’s father are both from California and were dating at the time of the conception. They broke up before she knew she was pregnant and the baby’s father has not been in their lives since that point. She did not tell anyone about the pregnancy for six months because she was afraid of what would happen. Nonetheless, since she told her family, they have been very supportive; in fact, her sister moved from California to live with her and nanny for Sis while she finished school.

Rigor and Trustworthiness

In qualitative research, trustworthiness consists of efforts made to address validity and reliability. Firestone (1987) explored the different rhetoric applied to qualitative and quantitative research in an effort to persuade readers of trustworthiness. The qualitative

study provides the reader with a depiction in enough detail to show that the author's conclusion "makes sense". Guba and Lincoln (1998) used the terms credibility, dependability, confirm-ability and transferability. Kemmis (1983) as cited in Merriam (2001), said, "What makes the case study work 'scientific' is the observer's critical presence in the context of occurrence of phenomena, observation, hypothesis-testing (by confirmation and disconfirmation), triangulation of participants' perceptions, interpretations and so on" (Merriam, 2001).

While the debate between attributes and drawbacks of qualitative and quantitative research continues, Silverman (1993) argued that the subjective interpretation of qualitative research is a positive attribute. Says Silverman, as cited in Olson (2004),

The advantage of qualitative research is that it recognize(s) the inherent subjective nature of social relationships. People construe other's behaviors through their own subjective lens of perception and other's behavior, too, is framed within their own subjective and discursive frame of reference (p. 7).

Triangulation refers to use of multiple aspects of research to strengthen the design and confirm emerging findings (Denzin, 1970; Olson, 2004; Thurmond, 2001). Triangulation involves the combination of two or more data sources, investigators, methodology approaches, theoretical perspectives or analytical methods within the same study (Denzin, 1970; Olson, 2004) with the intent of deepening and widening one's understanding of the issue (Olson, 2004).

Internal validity deals with the question of how research findings match reality. Ratcliffe (1983) suggested that all research is subject to interpretation. He believed that

validity could not be assessed in terms of reality since reality itself can never be grasped. Qualitative research assumes that reality is holistic, multidimensional, and ever-changing. What is being studied are people's construction of reality (Merriam, 2001).

Reliability refers to the extent to which there is consistency in the findings. This is enhanced by an explanation of the assumptions and theory underlying the study, triangulation of the data, and leaving an audit trail of how the study was conducted and how the findings were derived. External validity describes the extent to which the findings can be generalized to other research.

Several methods were used to enhance the trustworthiness of this study including researcher bias awareness, triangulation, member-checking, peer examination, and leaving an audit trail. Researcher bias implies that the researcher's values, assumptions and beliefs can impact validity. To counter this, I reflected on my experience with unplanned pregnancy, college women and the phenomenon of transition and recorded my thoughts in a personal journal. After clarifying biases and assumptions, I was able to bracket them (Ahern, 1999) and set them aside during the analysis of the data.

Triangulation was used in this study by comparing the results found in the pilot study conducted in 2008 with the expanded study conducted in 2010-2011. In addition, the women in the expanded study were asked to keep a journal and their journal entries were compared with their transcribed interviews for consistency and validity.

Triangulation was attained in this study by including analysis of journal entries, e-mail, and telephone conversations in addition to the transcribed interviews. The data was

analyzed using Interpretative Phenomenological Analysis as well as the framework of transition.

Member checking refers to taking data and interpretations back to the people from whom they were derived to see if the results are plausible. According to Maxwell (2005), this is the single most important way of ruling out the possibility of misinterpreting the meaning of what participants say and do and the perspective they have on what is going on, as well as being an important way of identifying [researcher bias and misunderstanding] (p. 111).

The participants were provided with the final themes from the study and asked for clarification and verification.

Credibility is achieved when the people who have had the experience recognize and acknowledge as valid the researcher's writing of the experience (Creswell, 2007, Maxwell, 2005, Merriam, 2001). Each participant was contacted via e-mail or telephone and given the opportunity to review the interpretations for accuracy.

Peer examination was also used to ensure trustworthiness. Colleagues knowledgeable with the methodology and phenomenon of an unplanned pregnancy and college women were used as sounding boards to check for credibility throughout the study. Most specifically, a university administrator who experienced an unplanned pregnancy herself as a college student was the primary consultant in this research.

An audit trail, which includes documenting the research process and methods used in conducting this study, provides dependability and offers others the opportunity to review the strategy, procedures, and decisions made throughout the study. Given the

same data, perspective and situation other researchers could reach similar conclusions (Powers, 2005, p. 151).

Data Collection and Analysis

Semi-structured interviews were used for data generation utilizing the same questions and format followed in the pilot study. Each interview was transcribed verbatim and each transcription was reviewed for accuracy. Field notes were added to the transcriptions including notations about nonverbal communication such as body language, gestures, facial expressions and vocal cues including pitch, volume, emotions, and emphasis on certain words. The tapes were reviewed and the text re-read numerous times. The data was analyzed for codes, categories, and themes just as they were in the pilot study.

Codes, Categories and Themes

Each transcription was coded and labeled to form descriptions and broad themes (Creswell, 2002). This resulted in confirming the 33 codes of the pilot study, plus the addition of 32 codes from the expanded study (see Appendix C). The journal entries, e-mail correspondence, and telephone discussions were also analyzed and coded. The codes were then clustered into summative categories which confirmed the results of the overall study. The three major categories identified were; (a) emotions, (b) support, and (c) transitions. The first category reconfirmed the vast, dichotomous range of emotions that accompanied the experience of an unplanned pregnancy for all eight women in this study. The second category was changed slightly from the pilot theme of support systems to support. The women who received support during the experience of an

unplanned pregnancy and after the birth of their children were more able to cope with the changes involved in becoming a mother. The analysis of the third category revealed that hopes, expectations and goals all involved change and, as such, are components of a transitional experience. From this analysis, the following themes were identified.

The three significant themes that best describe the experience of the eight college women in this study are:

1. An unplanned pregnancy triggers a broad range of emotions.
2. An unplanned pregnancy necessitates access to a variety of support systems.
3. An unplanned pregnancy involves numerous transitions.

The codes, categories, themes and assertion are located in Appendix C, p. 131. Support for the codes, categories, and themes are presented in Chapter III.

CHAPTER III

PRESENTATION OF FINDINGS

The purpose of this chapter is to present the analysis of the data and the thematic findings that emerged from the integration of the pilot study and the expanded study on the experiences of college women with an unplanned pregnancy. The three significant themes that best describe the experience of the eight women in this study are:

1. An unplanned pregnancy triggers a broad range of emotions.
2. An unplanned pregnancy necessitates access to a variety of support systems.
3. An unplanned pregnancy involves numerous transitions.

Theme One: An Unplanned Pregnancy Triggers a Broad Range of Emotions

All eight women in this study discussed feeling a broad and dichotomous range of emotions. Emotions, even though they are diverse, can be discussed somewhat categorically. Ekman (1975) discovered that four specific facial expressions are recognized in cultures around the world. The facial expressions depict fear, anger, sadness, and enjoyment (Goleman, 1995). Each of these primary emotions has a basic emotional nucleus as its core; however, numerous secondary emotions are listed under each category. In addition to categories, emotions fall on a continuum of intensities; there are degrees of emotions as well as blends of emotions that cross categories.

For the purpose of presenting the findings of this study, the emotions experienced by the participants have been grouped under the primary categories of fear, anger and

sadness. The emotion of fear includes the shock and stress the women described in regard to their experience with an unplanned pregnancy.

Fear

Fear was experienced by all of the women in the study for a variety of different reasons. Immacule was terrified by her experience of being raped,

He was really, really, really drunk and was gonna go to sleep and I was afraid he'd die of asphyxiation. The next thing I know, he was in the bathroom and I was just laying there! I was shaking and I just knew I had to get out of there so I ran out of the room! (March 31, 2008).

Two of the women experienced fear with regard to telling others about the pregnancy. Cora was afraid to tell her parents. "I hadn't told my parents yet. That was scary, the first few, the first couple of months before I told them, that was the scariest time ever". Once the people at school started to find out, she had to tell her parents before they found out from someone else. She ended up writing them a letter. "I couldn't even say it, it was scary!" (July 14, 2010).

Sis was afraid to tell anyone that she was pregnant. She reflected, I kept the whole thing, I was so scared I just held it to myself for six months, yes, which is kind of crazy now that I think about it but I was just so scared, playing softball and then like, you know, afraid of what would happen, what will my parents think, you know (March 17, 2011).

Another common fear shared by four of the women was for the health and safety of the baby. Condoleza described her fear of exposing the baby to unhealthy

environments. She reflected on her friends going out; "They'd all go to clubs. Well there was smoke in there and I didn't want to be in the smoke, so I'd stay home and knit the baby blankets." Rocky also feared the negative side effects of smoke, "I was pregnant and he wanted to go out so we went to a smoke free bar" (July 14, 2010). Shokera was afraid of the damage that could happen to a baby if the mother drank when she is pregnant. She was very glad she was not a drinker or a smoker. "I've seen what they [alcohol and smoking] has done to a lot of people and it's just. . . not something I really want to do" (April 3, 2008). Shokera went on to say, "What if I do something that's going to mess 'em up for the rest of their lives, ya know?". Immacule shared a very similar sentiment when she said, "If you screw up once while you're preg. . . I mean, one drink!" (March 31, 2008).

Shock

The recognition of a particular reality can involve an element of surprise. For the women in this study, the awareness that they were pregnant was followed by a feeling of shock. The expression of shock was most intense for Shokera who did not know she was having a baby until the night she went in to deliver.

Well, I had him, um finals week. Yah, and um actually this is gonna sound really bad, but I really did not know until the night I went into the hospital that I was gonna have him. And nobody, like there are people that believe me and people that don't and that's fine because I know what I know. And my best friend didn't even know (April 3, 2008).

When asked the point at which she realized she was going to have a baby, Shokera commented, "Probably a couple of days after I had him actually! (laughter). I was sitting in the hospital looking at him and I was like, I have a baby and he's mine and I'm gonna take him home!"

For Immacule, she was dealing with the trauma of the rape as well as the shocking discovery that she was pregnant. She said, "My baby was conceived finals week of my freshman year. And then I found out the day after Christmas that I was pregnant and told my parents that night (March 31, 2008).

Cora's experience was more of a gradual process of coming to terms with her fear that she might be pregnant. "I was like three or four weeks and I just took like EPT's and probably around like 10-12 weeks is when I went to the doctor the first time" (July 14, 2010).

Rocky was surprised to learn that she was pregnant because they were using birth control. "Yah, I was, I was on birth control and apparently it doesn't work. I was on the pill and so we kinda learned (laughs) that it doesn't always work (July, 14, 2010).

Condoleza also experienced the surprise of ineffective birth control when she said, "We were using a condom but it broke!"

Stress

Stress was very apparent in many of the statements shared by the women, with all eight women sharing feelings related to stress. Immacule experienced an acquaintance rape, which was a very traumatic event in her life. In addition to the tremendous amount

of stress related to the trauma of the conception itself, she was anxious about the fact that she blanked out and has no memory of the rape.

The part I remember is more of an out of body experience. The next day, he was, ya know, you need to take the morning after pill. And I was like, why? I knew something had happened, I didn't know that happened! It's gonna take thousands of dollars in counseling and a couple of years. . .I need to get through that [the rape] and understand why I did that [blanked out] because, otherwise, what keeps it from happening again? (March 31, 2008).

In addition, Immacule discussed dealing with the additional pressures associated with being a pregnant college student. "And just trying to deal with the stress of you know, what (pause) what am I going to do with this baby (very heavy voice) and I need to pass this test. You know, it kind of, it changes your perspective on things a lot" (raised voice). The intensity of the emotion was very apparent when she said, "It was stressful, it was a nightmare, it was (pause) hell, for a long time. And I can't say it's completely gone yet" (March 31, 2008).

Shokera did not acknowledge being pregnant, thus the topic of pregnancy itself was a stressful subject for her. "My mother thought about asking if I was pregnant, but I probably would have jumped down her throat!" Shokera believes the baby's mellow temperament has a great deal to do with not knowing she was pregnant. "If I would have known, it would have put a lot more stress on him. You know, cuz, I would have been like, 'Oh my gosh, what am I gonna do?' ya know, and freaking out for like, nine months!" (April 3, 2008).

During the pregnancy, Condoleza experienced a significant amount of stress related to her physical health. "I was put on bed rest; I had high blood pressure and preeclampsia. I had to be induced because my blood pressure was too high."

After the baby arrived, Condoleza experienced stress from being the mother of a son with colic. "He had colic (huge eyes) and I was just so exhausted and stressed. And stress doesn't help at all" (April 8, 2008).

When considering the best time to tell her family from California, Sis talked about the stress of finding the right time and place to share the information. "I can't tell them, break their hearts here, they're going to have to leave, you know, and then it was just horrible". (March 16, 2011).

Rocky described feeling stressed about all of the responsibilities and expectations at the end of the pregnancy.

I tried to keep up, but the last semester, I struggled a lot because of my pregnancy.

I worked up to the day before I had him, too, cuz I had to make ends meet, and stuff, so I worked nights at the hospital as a CNA, so I was exhausted when I had him. I got off at 11:00 that night and we had to be back at the hospital at 6:00 and I had to pack up everything and then of course you're like, do I have everything? What do I need to bring? I don't know, so I was stressed!

Markel's stress was discussed when she talked about living in an apartment and trying to sleep train the baby. "I should stick him in his crib and let him cry but we're in an apartment building and that's stressful. I don't want people to think that I'm, you know, just letting my child suffer."

Worry is another emotion which caused stress for the participants in this study; however, the things they worried about were quite diverse. Rocky, having grown up in an unstable home was worried about providing stability for her son. "Sometimes I think I'm over protective. I really don't like leaving him places. I don't want him going from babysitter to babysitter to babysitter. That's what happened to me and I don't want that for him". She also was concerned about her mother's decision to get back together with the abusive step father. "My mom went back to him and after that, it was like us three; never once were any of us alone with him. We all made sure, if someone went somewhere, someone else stayed home" (July 14, 2010).

Immacule worried about why her brain shut down during the rape. "I can't just check out every time something gets to be too much to handle. So all you can do now is try to figure out why it did" (March 31, 2008).

Condoleza worried about going to medical school with her son and how that would impact his life. She revealed,

I'm worried about him being so old when I graduate. I mean, if I get in the first year, he'll be four and then so, at the earliest he'll be eight by the time I graduate from med school! That seems old, ya know, especially for us not having any money and just going further into debt every year, ya know. And then going through residency and I'm just worried about that. I was six when my dad graduated from med school and I remember how hard residency was and how much we never saw him and we never had any money. Ya know and I'm very worried about that! (April 8, 2008).

Condoleza also worried about her future with the father of her baby. She went on to say,

I'm just worried about whether he is gonna come with us to med school or not, cuz I mean we can't even plan that far in advance cuz we don't know how we're even gonna live together. We've never had any fights when we're together for the weekend though (laughs). (April 8, 2008).

Shokera worried about going away to complete her training as a radiologic technologist and how she would handle caring for her son.

Well right away it would be like, me transitioning to that whole thing and like my parents said that they would watch him, ya know (laughs), cuz that would be a little bit too much on me if I had to move to an entirely new place, get used to the work regimen they had in place and still have to, ya know (pause). They told me if I hadn't found like anybody that I really trust to watch him, they said they would keep him while I was gone. That would be terribly hard, terribly hard.

Information can help alleviate stress; consequently, research was important to the women in this study. Interestingly, they chose a variety of different methods for research. Immacule spent time reading books.

I was supposed to be (pause) be done with the morning sickness. It was like that twelve to fourteen weeks; I was at like thirteen weeks or something. I was like, the book says I'm not supposed to puke anymore and I puked the whole time (laughs) (March 31, 2008).

Cora found reading helpful, as well. "I was like starting to read like what to expect when you're expecting and I had to like hide that" (July 14, 2011).

Orientation to college life includes the written rules, as well as the unwritten rules. Many college women expect to gain weight, as most are warned about "the freshman fifteen". Shokera reflected on her weight gain,

Every freshman gains and all I gained was about 20 pounds, so I didn't get, ya know, that big. So I was just like, it happens to everybody, ya know, they gain a little weight at college (Shokera, April 3, 2008).

Anger

Anger was one of the core emotions categorized by Ekman (1975) described earlier which was commonly experienced by all eight of the women in this study. Some of the anger was directed at other people and some, at themselves. Immacule was not only angry that she was raped, but her anger also related to feeling like she had been betrayed. She and the baby's father had discussed dating earlier in their friendship but decided it would not be a healthy thing for either of them. The baby's father had asked her to have sex, but she made it clear to him that she was not interested.

He knew I was a virgin, he knew that I wasn't going to have sex 'til I was married. He knew that. He had asked me before to have sex with him and I said no, and he goes, you know, I really respect that.

Immacule contacted her acquaintance a couple of weeks after the rape and expressed her frustration.

“What happened that night?” And he goes, “You don’t know?” and I was like, “No, I have no idea. All I know is that the test came back positive and I need to know why.” And he goes, “We had sex”. And I hung up on him. He left a week later... He left his starting spot on the baseball team. He didn’t even clean out his locker or pack up his house! (March 31, 2008).

Immacule’s anger at the father of her child was still quite intense at the time of the interviews. When describing her ongoing testing for human papillomavirus [HPV], she said, “When you’re upside down in a chair, you just want to kill him all over again.” Still expressing anger at the baby’s father she later stated, “I got drunk a couple of months ago and texted him and thanked him for screwing up my life”. In addition, Immacule was angry at other women who had children, particularly young mothers. “I sit there and I’m mad at every single person with their babies” (March 31, 2008).

Another issue that generated anger in one of the women was the way the father of the baby responded to the news of the pregnancy. Shokera noted, “I think in his mind, he wanted me to just get rid of it, so then he wouldn’t have to deal with it, ya know and have to tell his parents and his girlfriend (ugg). It wouldn’t be convenient for him!” (April 3, 2008).

For Sis, her anger was toward the father of her child for not helping to financially support them. Since he knew that she was in school, he should have been aware that her finances were tight and support would have been appreciated. She wants to talk to him when she gets back to California and let him know, “Either you step up and be in his life or” (pause) she would like him legally out of their lives.

Johnella was angry at the baby's dad for not making their daughter a priority. She reflected on the painful experience of their daughter's first birthday.

I remember he didn't come to her first birthday party (raised eyebrows). [He] just was not making very good choices and just didn't care. He had other priorities in life and whatever. So he moved out, he barely ever saw [our daughter], I don't even know it would be like if I'd call him and be like can he watch her and maybe he would, maybe he would show up, you know. So that was hard (August 18, 2010).

Condoleza was angry that a friend of her boyfriend's accused her of compromising the condom. She went on to say that the boyfriend's friend who speculated that it wasn't his "suggested that I had done something to the condom so I would get pregnant!" (disgusted exhale) (April 8, 2008).

Rocky's anger was directed toward her own father for the poor choices he made in his own life. "He always said he never would [use drugs] but he tested positive too, so that's one of the reasons I don't want him having anything to do with me" (July 14, 2010).

Feeling judged is an emotion that can lead to anger. Facing the judgment of others, whether real or perceived, was an emotion many of the women discussed. Immacule said, "It changes the way people look at you. That look, ya know, the staring right at your stomach and then looking up at your eyes". Later in the conversation she went on to say, "I think that people who. . . people that are getting pregnant already have

enough issues to deal with, whether it's ya know, a planned pregnancy or not, at 18, you don't need anybody else's judgment" (March 31, 2008).

Cora felt judged because she is a young mom. In her journal, she reflected:

I feel discriminated against because I am a young mom. A lot of people tend to think that I am a bad person because I wasn't married. I get a lot of negative looks when I'm in public and that can be discouraging. It amazes me how people think they can judge me without knowing a thing about me (Jan. 18, 2011).

Cora also felt judged by people in the community. She noted, "I did actually buy like a wedding band so it's like, at least if I like go to the grocery store, something like that, and people are checking" (July 14, 2010).

Judgment was not restricted to the pregnancy and being a young mother. Other issues factored in, as well. Rocky struggled with religious judgment. "His grandma's like one of those ladies that's like, those people are nice, but (leaning forward and whispering) they're Lutheran (July 14, 2010).

Markel faced judgment related to the fact that she is white and her baby's dad is black.

He thought my family would have a problem with it! The first thing his aunt said to me when she met me was, so what did your daddy say when he found out that a black man was your baby's father? (February 16, 2011).

Sis felt judged by the other members of the softball team. They tend to party, which is not an option for her. She commented,

I don't really agree with a lot of the girls on the team, probably because my time is special to me and I could be home with [my son]. I'm not into whatever. . . and they think I should be (March 17, 2011).

Sadness

The next core emotion that emerged from the analysis of the data from this study was sadness. For the women in this study, the other emotions associated with sadness were guilt, exhaustion, and depression.

Immacule expressed sadness at the loss of opportunities in her life because of the pregnancy. Having been a student leader, she had spoken at different events about the benefits of having good values. She reflected,

It affected my whole view of myself, ya know, even though I hadn't done anything ta, ya know, bring this about (pause). I mean you know that they weren't gonna have me stand up there and give that speech again! (March 31, 2008).

The sadness Shokera described was in regard to the broken relationship with her boyfriend. She commented, "We probably broke up shortly after he was conceived, so yah. And maybe that's another reason why I just didn't want to know [about the pregnancy] was because I didn't want to have to deal with, ya know, being alone and" (looks down). Regarding her baby's father, she went on to say,

I trusted him a little too much, I guess, so that's probably the biggest thing was having to deal with the fact that I trusted him as much as I did and he just drops

me at the drop of a hat. It's like he just doesn't care, so that was really hard to deal with, too (April 3, 2008).

Condoleza expressed feeling sad because she did not get to see her baby until the day after he was born, and then it was for a very short period of time. She had complications at the end of the pregnancy and during the delivery. She recalled, "I didn't get out of the hospital for six days after he was born. He was discharged before I was" (April 8, 2008).

For Rocky, her sadness was apparent in her reflections on her own childhood. She said,

My dad, he even like, when we were little, we'd go see him and he'd like just leave us there all day long. So like, I was like eight years old and I was taking care of my brother and sister, so he wasn't (pause) neither of my parents, aren't very, they weren't like, ya know, model parents (sad).

Cora described feeling badly about choosing to be in a relationship with her baby's father in the first place. "I don't even know what I saw in him, it's like, how is he . . . Yah".

Immacule was frustrated with her inability to remember the event and was confused about what to do with her daughter after she was born, which left her feeling sad and overwhelmed. When asked about the future, she replied, "What are your plans? God, I've never thought about being pregnant, so (laughter) what I was gonna do when I was pregnant was just not even on my mind!" Reflecting on her decision for adoption, she said, "That was the worst, that was THE worst, because ya know, my parents had

been fully supportive of, ya know, adoption and then, after she was born you could tell they weren't sure anymore either." She went on to say,

It was hard. It was awful. Yah, it was the worst part of the entire thing was afterwards, not knowing. . . I wanted to keep her and I could have done it. You see moms who are and they're just burnt out, or just ya know, all over the place and you know that they shouldn't be doing it. She would have had a great life with me, but I just don't think that's how it was meant to be. She was perfect. She deserved a perfect life . . .or at least as good as it could be (March 31, 2008).

Guilt

Feeling guilty is one of the emotions described by the participants that attributed to their sadness. Several of the women felt guilty about some aspect of their experience. For Rocky, it was about making choices that impacted her son's health while nursing her son. Before she figured out that her baby was lactose intolerant, he was sick quite often when she ate dairy products. After she discovered the baby's allergy, she felt badly about making him suffer. She commented, "He's not in pain anymore like he was when I was drinking milk" (July 14, 2010).

Condoleza felt guilty about having an unplanned pregnancy. She shared, 'I didn't want anyone to know that I was pregnant, so I wore baggy clothes because I was kind of ashamed that I was cuz I wasn't married". She also felt guilty about depending on her mother for childcare during the day, as well as when she had things to attend in the evening. Her guilt was expressed when she stated,

I just feel so bad that she watches him so much. And like I don't work because I don't have anyone else to watch him and I'm not going to ask her to watch him all the time cuz it's not her son and it's too much and she'd say yes (April 8, 2008).

Johnella experienced guilt about having to take her daughter to childcare.

So we started her in daycare and it was a wreck. She didn't know what to do around other kids and now she'll still cry when I take her, she just wants the daycare ladies attention and there a lot of kids there (August 18, 2010).

Immacule also struggled with her involvement on the college student health team and their focus on helping women report sexual abuse, and her inability to report the sexual assault that had happened to her. Around the same time she was raped, another event happened with an athlete from the same university. The huge headline on the front page of the paper was the focus of attention not only in the school, but in the community, as well. She wrestled with what she perceived to be the expectations of the health team to report the rape and her own fear that a report could bring her a great deal of unwanted attention. She shared, "How could I have not done anything? But on the other hand, that's the last thing I need! (March 31, 2008).

Depression

Depression was another emotion the women described that is directly linked to sadness. Depression is a fairly common experience for many pregnant women, particularly those with an unplanned pregnancy. For Immacule, her depression was not only related to the pregnancy, but to other health issues that accompanied the traumatic event. She reflected,

I didn't want to eat, I didn't want to do anything. . .I just wanted to sit in my room and be by myself. I was diagnosed with HPV, PTSD and depression. . . I ended up going on antidepressants (March 31, 2008).

Condoleza's gloominess was connected to her expectations of what life was supposed to be like as a new mother. "I remember thinking it's not supposed to be like this. It's supposed to be nice and happy (sad laughter) (April 8, 2008).

Rocky was depressed because of the circumstances of growing up in an unstable home. Her step father treated her and her siblings very poorly.

He crossed the line and we told my mom and she left him. But then he told her I was lying, cuz, like I caught him watching my younger sister take a shower. So I told my mom and apparently I was making it up (sarcasm) because I didn't like my step dad. And they made me go to the psychiatrist. When you're a kid, you don't want to talk to a psychiatrist. You just sit there, like what do you say, I dunno (July 14, 2010).

When referring to the father of her child, Cora discussed his personal experience with depression. "He goes out and drinks with his friends and that's how, you know, bad things keep happening." The alcohol use exacerbates his depression. "It's like a big chain of events and when I try and explain that or call him out on anything then I'm this horrible, I don't understand that depression is a disease and I'm so inconsiderate".

In addition to dealing with a rape, an unplanned pregnancy and an STD, Immacule was also working with an adoption agency to place her daughter, which was exhausting as well. She reflects,

And just trying to deal with the stress of what am I going to do with this baby? I was so overcome by emotions that I crumbled onto the floor and all I could say was 'I'm so tired'. I felt deeper than I ever had before (March 31, 2008).

In summary, the women in this study expressed feeling a vast array of emotions associated with their experience of an unplanned pregnancy. The core emotions that emerged from the data include fear, anger, and sadness.

Theme Two: An Unplanned Pregnancy Necessitates Access to a Variety of Support Systems

Humans are, by nature, social beings so the ability to maintain healthy relationships is critical for health and wholeness. The support systems that the women relied on during their experience were described as the single most important factor in the women's ability to navigate through an unplanned pregnancy. Support systems included family and friends, community, and academia.

Family and Friends

Family and friends were a source of strength and support with six of the eight women choosing to stay close to home so they would have their family near when help was needed. Shokera noted, "I have a HUGE support system with my parents and my little brother. He's great with him" (April 3, 2008). Condoleza said, "I live with my mom still, so my mom, my dad and my brother take care of him a lot and um, his dad, his parents live here and they help out a lot, too" (April 8, 2008). Condoleza's parents were very understanding because "they got pregnant with my brother before they were

married” so they could empathize with her situation. She went on to describe her mother’s support;

I just burst into tears and she was trying to get me to calm down and just tell her what was going on and after I told her, she was like, a child is a blessing (heavy sigh). That was the one thing I needed to hear (tears). Moms are amazing that way! (April 8, 2008).

Cora was grateful for family support, even though for her mother, it took time to develop. Her mother was not even able to talk about the pregnancy for the first month. Cora’s sister had experienced an unplanned pregnancy her first year of college and her mother did not want to deal with it again. Although her mother was not crazy about the idea of her keeping the baby in the beginning, she eventually “got on board” and even went to doctor visits with Cora. Her father was supportive right from the beginning. “What surprised me is my Dad, right away, he was like. . . well we love you and we’ll support you no matter what and that was really nice to hear”. Cora was also happy to have the opportunity to live at home after the baby was born. Her mother volunteered to help watch her child while Cora was in school. “I was fortunate that my mom stays at home and so she said she would help me out the first year” (July 14, 2010).

Family assistance was a major consideration within the financial dynamics for Cora, as well.

I live at home. . . I don’t really have to pay for groceries and I have all the help like if I need to run an errand, so it’s nice. . . I have so much support at home, so

I'll probably live at home another year and see where I'm at. Plus it's hard to have a job (July 14, 2010).

Johnella shared a similar sentiment when it came to the benefit of having family close by. "Thank God, my family lived in town because if they didn't I don't think I would have. . ." (August 18, 2010). Markel added, "Our parents have been great to us! (February 16, 2011).

Sis is from California, so having family to assist her while she was in school was more challenging. "My sister, she just nannied for a really long time and she said, 'Well, I'll just go out there and get a job and be with you' and we live here in a house so . . ." Family was also a tremendous help in supplying the baby with what he needed. Sis commented,

It was just crazy. My family had a really late baby shower like 11 days before he was born. We had it at my Godmother's house and my aunt was just like, this is incredible how our family just comes together for anything. It was almost like a family reunion which is like amazing. We were so lucky. I didn't buy him anything for like three and a half months! (March 17, 2011).

Shokera was grateful to her family for assisting with her son's care and was considering their offer to watch him when she went away to complete her training as a radiologic technologist. She wanted to take him with her, but was concerned about coming home tired after a bad day and taking it out on her son. She expounded,

In the long run, I think it would pay [having her parents keep him while she was in school] because I wouldn't have to take it out on him if I had like a bad day or

things just weren't going good and like, he was, ya know, fussing or something. I don't want to take it out on him and have him resent me cuz, ya know, I was pursuing school before him, but in order for us to make it, I'm gonna have to, ya know, focus on school! (April 3, 2008).

While the family assistance was greatly appreciated, some of their offers were unrealistic. Immacule's brother, a 15 year old high school student, "seriously wanted to adopt her (laughter), like he came into my parent's room one night and he's like, I know what we're gonna do! He was gonna do it" (March 31, 2008).

Although immediate family members were very supportive to most of the women, some of the extended family members varied in their level of support. Immacule's grandmothers demonstrated the dichotomous response she received.

I had to go tell my grandmas and that was, one of my grandmas, my mom's mom, ya know, she cried. That's what you expect, but the other one kind of looked at me and goes, "Well, you've got a long year ahead of you. I better go check the roast." (March 31, 2008).

While family was a very important support system for all of the women in this study, friends were an excellent source of support, as well. Shokera declared, "All my friends, ya know, they're all so supportive. They were happy for me cuz they knew that I could do it and that was really important" (April 3, 2008).

Condoleza was also fortunate enough to have good friends that stood by her side. "My friends were, they were all happy and wondered if they could bring me anything and they wanted to watch him (laughs) so that was awesome!" (April 8, 2008).

Cora talked specifically about a good friend from her younger days. She reflected,

[She] has basically been my best friend since we were like third graders. She's definitely the person that comes over the most and every time she was in town I see her. She would stop over and ya, she's definitely the best friend and it was good to have her (July 14, 2010).

Sis talked about the support of her friend as she shared, "And living with [her], it was so fun, we always liked just hanging out at the house and it was so lame, but it was so fun" (March 17, 2011).

Immacule expressed gratitude for her friends and their patience with her, even though she was sure they got sick of hearing baby stories.

Ya know, people can only hear about your daughter so long and while I think it's great and ya know, she got her first tooth and I was so excited and ya know she's starting to eat cereal (high voice) and, ya know, she's pooping everyday! Yeah! (laughs) My friends are like, that's great (in a questioning voice with head slightly turned). Yeah, they laugh at me, but they understand, so (March 31, 2008).

Shokera discussed a high school boyfriend with whom she is still in close contact.

He's really, he's awesome. I love him to death and I tell him that every day. And it's not like, romantic love, it's just like, and I love being able to tell him everything, ya know, because I can tell him anything and I know he wouldn't

judge me. So it's nice to have somebody that you can tell that to and you don't have to worry about what they are going to think of you (April 3, 2008).

Another important source of support for the women in this study was other women who had been through the experience. Johnella shared her experience.

Well, actually, a girl that I went to high school with, she had a baby like a year before me so I just kind of kept in touch with her, I really didn't keep in touch with her actually, I just called her one day randomly. It was like, hey, but she was really nice and just helpful because she was in the same situation, you know (August 18, 2011).

Sis talked about a coach who got pregnant when she was in college. This woman's coach insisted, "You give him up or give up your scholarship". Sis stayed home and played for a community college but she ended up with a full-ride scholarship to Oklahoma State. Her coach's parents were an excellent source of support for her.

Her parents actually moved out there for four years and helped her with the baby, and the dad was in his life and she's doing really good now and she's just like, she's a mentor. I just hope I could be a good mom like, a single mom like she is (March 17, 2011).

Cora talked about developing a friendship in college with an acquaintance from high school who had a baby her senior year. She expounded, "We weren't really great friends in high school at all, but when she found out I was pregnant, she saw to it that she was accessible". She went on to say, "No one our age understands, ya know. We had three classes together this last semester and we got really close" (July 14, 2010).

Shokera talked about being a source of support for another college woman who found out she was pregnant. "One girl is moving back home because she's due in May or something. . . I actually talk to her and give her support" (April 3, 2008).

Not surprisingly, in this age of technology, two of the women connected with an on-line support system. Immacule said, "I actually am connected with, there's like a group on line for birth mom's" (March 31, 2008).

Cora created a support network on Facebook.

I started like a little, like mommy support group on Facebook and I just invited the girls in [this area] that I knew of and I'm not even really friends with them but of course you hear about people so I have like actually like 13 members and I'm positive there's more but I had like 12 or 13 people and my hope is that we could have little play dates and, ya know, talk and share experiences (July 14, 2011).

Community

In addition to family and friends, the participants relied on a variety of community support systems. Community support discussed in this study included public health resources, childcare, and faith-related sources. One agency that was particularly helpful to two of the women was Women, Infants and Children [WIC]. Johnella was grateful for the assistance with formula.

Like they had, they have this WIC was one thing and then they have a nutrition media, I did do WIC actually. I didn't do it so much for the milk and cheese but like the formula for sure because that's \$18.00 a can or something. So that was really, really helpful but I would say that's kind of, I shouldn't say embarrassing,

but like, I don't know, you know, I don't know. . . the first time going sucks, like having no idea, but they're really nice there, you know. . . It's nice and it's all free (August 18, 2010).

Shokera also relied on the support offered through WIC.

Yeah, we're on WIC and thankfully they have that, cuz we get formula and stuff through that (sighs). Otherwise, I don't know what we'd do cuz it's like \$11.00 for a little dinky can of formula (demonstrated with her hands) and it's like he goes through one of those, like every day! (April 3, 2008).

Childcare was an essential component of community support for the seven women who chose to keep their child. Regarding the search for childcare, Markel found an abundance of information. "I called social services and they give you a packet this thick (demonstrates with fingers) of day cares, and I think I called 35 daycares until I found a good one that fit us".

The added cost of childcare was significant to these participants, as well. Markel shared her financial concerns. "Most of the places I called I had to put down, not a deposit, but like a signing fee for day care, then we found Joy's Day Care . . . she's like I'll just hold you a spot! Perfect!" (February 16, 2011).

Johnella referred to the impact of childcare on finances, as well. "That's what's tricky; you've got a class for 50 minutes. You don't really need daycare and then you end up paying for full time daycare when you don't use it" (August 18, 2010). Shokera declared, "I pay \$150 a week to send him to daycare! (April 3, 2008).

Condoleza and Cora relied on their mothers as the primary childcare provider, while Markel and the father of her child shared childcare responsibilities. All three of these women discussed their gratitude in regard to not having to rely on hired childcare, at least for the time being.

Another branch of community support discussed by the women in this study was the spiritual dynamic which was important to the participants. All eight participants discussed some component of spirituality, including denominational affiliation, church expectations, religious beliefs and/or faith. The support they received from the church to which they belonged varied between participants, however it was perceived as significant, whether it was positive or negative. Six of the participants discussed beliefs about church attendance and faith as part of their family experience.

Shokera chose to take her son to a church-sponsored childcare. "He goes to daycare, it's actually in a church. . . they teach Christian values and stuff like that so that's nice (April 3, 2008).

Cora described feeling support from her church. "With our church community, we have a lot of really close friends, like that's where all my family's friends are . . . so that was nice" (July 14, 2010).

For two of the women, the challenge was finding a common Christian denomination in which to raise their child. Rocky discussed the importance of church involvement, but noted that she and her baby's father struggled with being from two different denominational backgrounds.

He's Catholic and I'm Lutheran, so, and his family is very strict Catholic and expects us to all convert to be Catholic. But I go to church just about every Sunday and he doesn't, so if I'm taking him to church I'd rather be at my church, ya know, where I feel comfortable. His family didn't like that very much (raises eyebrows and tilts head) (July 14, 2010).

Markel and her baby's dad had similar denominational issues.

We do have a little divide, I'm Catholic and he's Baptist and Evangel is the church that I enjoy going to and he's kind of like, yeah, but it's not home. Well, we can't go to Colorado every weekend, okay. So we're still trying to find a church. . . I feel so great when I go to church and it's just a great start to your week. We need to go to church and we need to, you know, be going as a family because that's how (our baby) is going to grow up! (February 16, 2011).

Although spirituality was a positive support system for most of the women in this study, that was not the case with Immacule. To her "the church felt the opposite of supportive."

When I was pregnant, I hated going to church because as much as these Catholics are supposed to be the ones supporting you . . . there are the other ones that just kind of look at you like "we know what kind of person you are" because, ya know (March 31, 2008).

Part of the struggle Immacule experienced was dealing with her thoughts and feeling during the service. She went on to say,

I know that I should. . . ya know, church. . . I sit there and I'm mad at every single person with their babies. . . And I know it's hard. I know that. . . but I hate going to church, I hate it. I still pray, mostly for [my daughter] . . . because I know I should. It's not necessarily cuz I want to but I know I should, so I do.

She continued, "I actually skipped church yesterday. I was driving there and I was like, why? I leave church more angry than when I go".

Although she is currently frustrated with church, Immacule indicated a desire to go back at some point in her life. "It's one of those things, I know eventually I'll come back, ya know, and enjoy church. I just get so overwhelmed". For her, one of the challenges of church is that faith is not a scientific system. She remarked,

I want to know everything. And I like things black and white (laughs) and that's what I can handle right now in my life is black and white stuff. And when it's so gray, like religion, it drives me crazy! (March 31, 2008).

Academia

The response of the people at the university and the ability to access support services were described as very important in the young women's decision to continue on with their education. While some academic systems were facilitators, others were inhibitors. I will first discuss the facilitators as the participants described them.

One component of the university that was especially helpful for Markel was her advisor. "My advisor was fantastic, as well as everyone else that I talked to. . . they put my classes on line for me, you know, and it was fantastic! It was, I mean, incredible how much I was helped!" (February 16, 2011). Rocky also found support from her advisor.

Although she felt she dealt with her pregnancy primarily by herself, “My advisor helped with school stuff”.

Johnella found the professors to be facilitators. She added, “With my major, my teachers were very accommodating, like if I couldn’t go to something” (August 18, 2010). Immacule shared similar experiences with her professors. “I’ve had to skip class and I’ll tell ‘em, ya know, and they’ve all been really good about letting me go and understanding.” She felt the professors were very helpful to other students who were parents, as well, and even had some teachers who let their students bring their babies to class. She went on to say, “They’re parents, they understand. Somebody gets sick or some, ya know, daycare falls through”. Shokera agreed. “I felt the professors were really understanding about like if he gets sick and I can’t show up for class, I just e-mail em and tell em ya know, he’s sick” (April 3, 2008).

Within the area of academics, classmates were another support group. Johnella appreciated being able to get notes from her fellow students, as she said, “My peers were very supportive”.

Immacule also relied on her peers, who helped her realize that “everybody has their own issues”. In addition, she found support in the student health group to which she belonged. They were there for her when others seemed to question her experience. “Ya know, they hafta be skeptical!” (March 31, 2008).

For Rocky, support from her mother was instrumental in her decision to stay in school. She noted, “My mom was like no, go to school. Just because you’re having a

baby doesn't mean you have to put your entire life on hold. Don't stop school just because you have a problem" (July 14, 2010).

While support was available in many areas, there were some factors that inhibited the student's academic pursuits including on-campus resources to support pregnancy and motherhood. Childcare at the university would have been tremendously helpful. Markel said, "One thing that some schools have that we don't have is daycare. That would be incredible!" (Feb. 16, 2011). Rocky added:

On campus daycare would be really nice. . . I wouldn't have to get up as early and rush as much and drop him off and make sure I have everything for him. If he was there for 50 minutes, and then I wouldn't have to worry about pumping cuz I could go in there and nurse him and stuff like that. That would be nice (July 14, 2010).

Cora also would have welcomed an on-campus childcare; however, she suggested a slightly different method of operating it.

An on campus daycare would have been really nice. I saw an article somewhere about one of the nuns that was babysitting for a student on campus. That would be a good idea because I mean, what are they doing during the day? Praying? They might as well have someone to take care of! (July 14, 2010).

Rocky noted that a place for personal needs would have been appreciated. "I didn't really know anywhere I could go to pump so I just like stood in the bathroom which I was like, that was gross, but I didn't know anywhere else to go that was like private, ya know" (July 14, 2010). Markel shared Rocky's sentiments: "I'm not allowed

to bring my pump to school with me; you know and do all that like how do I keep it cold?
(February 16, 2011).

While most of the professors were fairly easy to work with, there were two who made life challenging. Rocky had to retake a class over the summer because the teacher would not respond to her e-mail requests for notes and assignments after she delivered her son.

She was one of the one's that wasn't very understanding. I missed a week's worth of notes or whatever and she said, just e-mail me so I e-mailed her and e-mailed her and she never e-mailed me the notes. I tried to understand as much as I could, so I struggled at the end of the semester (July 14, 2010).

Another professor had never dealt with anyone being pregnant in their classes. Regarding the challenges of dealing with some professors, Sis shared, "We'll just deal with it like we deal with everything else, such as sporting events. Having a baby is different than going to a track meet!" (March 17, 2011). Johnella commented, "I can see why people drop out, you know, where they can't finish (August 18, 2010).

College is a big expense in and of itself. When you add in the financial responsibilities of parenting, it becomes particularly challenging. Shokera said,

Me and my mom went down and talked to [financial aid] . . . we asked him something about daycare expenses and stuff and he's like, 'Well, you'll be getting a refund check at the end of the like, the semester or whatever, and they should be enough to cover'. And they're not (laughs) (April 3, 2008).

When looking at their overall financial picture, loans were another important component for many of the women. Johnella was concerned about finding funding sources. "I guess I'll just take out more loans", she stated. Rocky continued, "Last year, I had to take out loans for school cuz I didn't have any help". In regard to paying for college, Markel added, "Loans . . . and living like a very poor college couple (laughs). In addition, they were learning to be frugal. "Oh yes, do I really need that water? I don't know. There's a drinking fountain". Another money saving suggestion from Markel, "Stay away from Target!" (February 16, 2011).

In summary, the support systems that the women relied on during their experience were described by the participants as the most important factor in the women's ability to navigate through an unplanned pregnancy. Support systems included family and friends, community, and academia, although academic systems were discussed as both facilitators and inhibitors.

Theme Three: An Unplanned Pregnancy Involves Numerous Transitions

Transition involves embracing the changes necessary to manage the new situation or environment which includes blending knowledge and skills which were previously established with knowledge and skills which have been newly developed. It results in the development of a fluid, yet integrative identity (Meleis et al., 2000).

The participants in this study described a variety of influences that affected their transitions. For the presentation of the findings, they have been grouped under three major categories; changes in the physical body, changes in relationships and changes in self-perception.

Physical

Pregnancy is a nine month event and visible changes to the woman's body are a natural part of the transition, yet the women in this study felt compelled to describe the transition to "looking pregnant". Rocky said, "I know the first semester; I didn't even look like I was pregnant until like the last two months. I didn't have any stretch marks my whole pregnancy until like the last month and now they're like, ugg" (laughs) (July 14, 2010). Sis commented, "I wasn't showing at all, (pause) not until I think I was eight months and then within a week I was (gestures for huge). It was just nuts!" (March 17, 2011). Condoleza shared a similar sentiment; "I just barely showed. I wore baggy shirts and no one even knew" (April 8, 2008).

One of the early signs of pregnancy is a missed menstrual cycle. Although Shokera did not know she was pregnant, her missed period was not really of concern to her. She commented, "I was never regular and I never kept track of it, cuz I knew it was irregular so I was like, ya know, when it comes, it comes". Regarding the physical changes to her body, Shokera reflected on a talk she had with her mother after she delivered her child.

My mom said, 'Subconsciously you would have had to know. But maybe you just kept it cuz you didn't want to face that.' And I was like, ya know, that kind of makes sense, because I had so much going on and I just maybe didn't want to face it. But, that really, I don't know, that kind of doesn't make sense to me cuz why wouldn't I want to know? (April 3, 2008).

Immacule was sick during the entire pregnancy which “made it even harder to try to stay on top of everything” (March 31, 2008).

Sometimes something physical happens that instantly changes things. “My water broke” said Johnella. This experience transitions a pregnant woman to labor, which results in the birth of a child and then as Immacule said, “There’s no going back to being who you were before”. (March 31, 2008).

The delivery of the baby was another physical experience the participants described. Sis recalled,

I was just contracting, not that bad, for about three hours. . . so then I think at 5:00 they induced my labor and they were like if you don’t dilate in two hours, you know, if you don’t start to show any improvement, we’re going to have to give you a C-section and I did not want a C -section so they checked me in two hours and I was already dilated. . . I went from two to seven. . . I swear, it was like, okay, one, two, three, push. Like three pushes and then like the baby comes out but no, I was like pushing and nothing, and then it’s like, oh my gosh, so I pushed for two hours. . . The next day, I was so sore. It was insane!

Shokera commented on how delivering a baby reduces a person’s inhibitions. She shared, “They were having student nurses rotate, so they came in ‘Would you mind if we let student nurses examine you?’ I was like, fine whatever. They’re trying to learn.” When reflecting on birthing, Shokera said, “It’s painful, but I mean, I would have kids again so.” (April 3, 2008).

Another physical transition the women described was regarding the choice to breast feed their baby. Shokera did not feel comfortable nursing her son.

That would have been way too weird. And like my mom said, she said he's gonna be way more dependent on you and when you have to go to school, that's gonna be really hard, ya know. Just being as young as I am and just not being fully comfortable with it, ya know. Just the thought of it was like, no! I don't want to! (April 3, 2008).

For Rocky, the decision to breast feed was practical. "Formula's too expensive, I'll nurse him. It's cheaper, ya know, I was like it would save money for us in the long run" (July 14, 2010).

Markel nursed her son for a short time, but stopped because it was too challenging to find a private place to pump and a way to keep the milk cold. "That's why I stopped nursing," she replied (February 16, 2011).

The decision to nurse took a little time for Sis. She attended parenting classes at the hospital, so she was aware of the physical benefits of breast feeding. They asked her about her plan, to which Sis replied, "I'm not nursing him, that's gross." As she took more parenting classes, she reconsidered. "Am I going to deprive him if I give him formula, with all these nutrients, so I decided to. My goal is for a year". She also shared the challenge of getting comfortable breast feeding in public. At first she noted, "I can't feed him in public, but my aunt made me like a cape thing and it's really cute, so now, it's natural" (March 17, 2011).

In addition to the physical exhaustion they experienced after delivering their child, the emotional energy required to get through the event was also a source of fatigue. Being exhausted from lack of sleep was a familiar experience for the women who chose to keep their child. Rocky reflected,

That month was the longest month ever. . . I remember I was like I would study and I'd fall asleep and then I'm like if I stay up late to study I'd be up until this time. I'd know that he was going to be up in a couple of hours, so I'm like what's the point of sleeping, ya know? (July 14, 2010).

Markel said, "Sleep is an issue. . . you learn to go without" and Cora noted, "There was times where I had little break downs . . . like I'm so sleep deprived, you know" (shaking her head and laughing).

Shokera was tired from trying to fulfill all of the commitments that demanded her time.

I have a job at an elementary school no less (laughs) so I work with kids from 3:00-6:00 and I have kindergarten. Then I go home and take care of my son and do my homework. I'm just so tired and I never have time to go out and have, like exercise time. It's kind of depressing" (April 3, 2008).

Relational

Relationships were an important component of the transition process for the women in this study. Although all of the participants had expectations for their relationship with the father of their baby, the expectations depended on a number of things.

Condoleza felt anxious about the length of time she had been in a relationship with the baby's father when they found out they were pregnant. She shared,

We really weren't planning on staying together (high pitched voice) which actually made it very stressful cuz one of his friends suggested that it wasn't his because I was so far away. I could understand why he would say that (tilts head) or at least think it. I told him he could do a paternity test. . . so he did and it was his, so (smiles and shrugs) (April 8, 2008).

Condoleza has been in a relationship with the father of her child since then and felt ready to make a commitment to the relationship; however, she was not as sure about the readiness of the father of her child to commit. She exclaimed, "I have kind of given him a deadline, ya know, and it will be really hard after med school, because that's really when our paths can go drastically different directions." Condoleza discussed her hopes to marry her child's father, however she also recognized that she couldn't "make him want to marry me cuz that's gonna blow up, too." She went on to say, "He even says that it's not whether he wants to marry me. It's whether he wants to marry anybody! Either he's coming with me or he's not and if he's coming with me, he's coming with me forever. (April 8, 2008).

Markel and the father of her child lived together at the time they conceived and they had what she described as a "healthy relationship". She was happy with his parenting skills and believed her baby "has the greatest daddy in the world!" Markel shared her hesitation about marriage and her conviction that it's very important both people are ready before they make that kind of a commitment. She reflected,

We're not rushing into it [marriage]. One thing I have a problem with is that when you do get married, people are going to say, you're only married because you have a baby, you know, and people have, you know, only with him because you have a baby with him, because that would just cause huge issues. If the parents aren't happy the baby knows, especially when they get older. So, yes, I think I'll graduate and then we'll take it from there (February 16, 2011).

Johnella was in a long term relationship with the baby's father, however, after their daughter was born, he was not making very healthy choices. After the baby was born, the stress was primarily related to the unreliability of the baby's father. "What he did that I really hated, he'd be like, okay, I'll watch her tonight and then he wouldn't show up and I'd have to call my dad." Johnella reflected,

"He was just on and off in her life and in and out of her life and whatever. He probably felt she was too young to even know anything. As she got older, then she would like cry when he left so then he started feeling (long pause)" (August 18, 2010).

Because of this, Johnella's family disapproved of her relationship with the father of her child, which added another layer of stress to her life. He finally went to an addiction counselor and "turned his life around". "Now he's doing really well", she concluded.

Rocky's relationship with the baby's father was more serious; she was engaged to the father of her child when their baby was born. She described the relationship as "fairly

healthy”. “We have our moments, whatever, but we get through ‘em and move on to the next thing.” They were married in May of 2011.

For Cora, her concerns were focused on the father’s health. She shared,
He is just not stable. I know it’s not an excuse, but I don’t’ really like, you know, accept that as an excuse because, you know, this is his responsibility, too. But he definitely isn’t stable so I don’t even know if it would be a good thing if he was around (July 14, 2010).

Sis broke up with the father of her baby before she knew she was pregnant. She did not tell him about the pregnancy until she was in her sixth month. He has no contact with her and knows very little about their son. Sis says,

It’s unfortunate but right now I kind of want to focus on school and then when I get home for summer, that’s like my goal is to, you know, focus on getting that taken care of, you know, either you step up and be in his life or, you know, you’re going to have to (pause) (March 17, 2011).

The woman who was raped was torn between wanting the baby’s father to be held accountable for his actions and hoping he would get healthy enough to be a good role model for their child. Immacule reflected,

I just, I would like him to have paid in some way, but more so than him sitting in jail, I’d rather him figure his life out and by the time [our daughter] is old enough to understand, he needs to be a good role model for her (March 31, 2008).

Shokera expected the father of her child to be interested in his baby. He called her at the hospital after he heard about the birth and said, “It’s mine, isn’t it?” She said,

“Well, YAH!” He continued, “You do what you want to do” which to her, implied that he was not going to help at all. For Shokera, the more important relationship was with her biological father and she was worried about disappointing him. She expressed this concern when she recalled the talk she had with her mother in the delivery room after she discovered she was going to have a baby.

Don’t call dad. I didn’t want to deal with the disappointment. Cuz, I just, cuz having him disappointed in me is way, way harder for me to deal with than having him just be angry at me, cuz that will blow over, ya know. But I’ll always know that he was disappointed in me, so. . . (April 3, 2008).

Relationship transitions can be affected not only by the dynamics with their significant other, but by the other experiences they have gone through in life. Three of the women involved in this study were affected by the divorce of their biological parents or the parent of their boyfriend. For these three participants, the experience of divorce impacted their view of marriage, as well as their understanding of parenting. Rocky’s parents got married because they were pregnant. “They got married basically because they were parents, and they ended up getting divorced, so” (July 14, 2010).

Markel discussed her boyfriend’s parent’s divorce and how it still affects him years after it happened.

His parents are divorced, which is kind of, I mean, it makes him a little bit more, I don’t know, his dad wasn’t in his life so he knows how important not only to have a mother but a father and so (shrugs) we talk about that [the divorce] a lot, you know, it’s horrible. I tell him, ‘I’m sorry you grew up that way, but you know our

son now has just the greatest daddy in the world', is what I think, I won't be modest (February 16, 2011).

Condoleza shared her boyfriend's experience with divorce as she described her baby's father's hesitation in making a commitment to their relationships. "He doesn't want to break up, but he's so afraid of getting married." She expounded, "His parents had a divorce and they had a terrible marriage and so he's really afraid of getting married". She went on to say,

His dad has nothing good to say about his mom and his mom has nothing good to say about his dad. I mean, if his dad buys [our son] a shirt and it ends up in her house, you can't even say that he bought it or she won't let it in the house! (April 8, 2008).

Self-Perception

Self perception is a dynamic component of identity that continues to change throughout life. A common belief for adolescents is a sense of invincibility. For these women, one such view was that nothing bad could or would even happen to them. Immacule stated, "People in this age group think they're invincible" (March 31, 2008). Johnella thought she wouldn't get pregnant, even though they were not using birth control. "I just didn't think that I needed to, I don't know. . . you're stupid and you don't think it will happen to you" (August 18, 2010). A similar sentiment was shared by Condoleza when she said, "I was most upset by it because this wasn't supposed to be happening" (April 8, 2008). Cora shared a similar belief when she said, "I just didn't think it was going to happen to us" (July 14, 2010). Shokera agreed. "People our age,

we're just like, we're invincible and nothing bad is ever going to happen to us. Just, it happens every once in a while and then it takes you off guard and you're just like, whoa (head back, deep voice) (April 3, 2008).

... Another step in this process for the women in this study was an attitude adjustment. Immacule shared how important it was for her to be positive as she tried to deal with everything. She stated, "I think you have to look at the positives, that is one of the things, and really just putting my life in perspective. You realize what your priorities are". She went on to say, "One of the positives I can take from it is I am getting to know myself better" (March 31, 2008).

Shokera also chose to look at the bright side of the situation. "I've always wanted to be a mom. Maybe not this soon, but I've, ya know, I've always wanted to so when it came, I was like, this is my opportunity. I have to take it!" (April 3, 2008).

Cora agreed that attitude was essential. "Well I've always been like pretty positive and a pretty easy-going person", she replied. Cora continued,

I don't really have a lot of time to socialize and if I am going to socialize I can't really be like going out late or anything like that which is what people in college do. But I'll try harder this year to meet people. I just need to stay positive.

Cora went on to say, "I'm really glad I kept her. I'm at peace with my decision" (July 14, 2010).

Immacule found the experience helped her grow up. "I think I was forced to, ya know, you have to grow up so fast. I was supposed to be thinking about what I was

gonna do that weekend, ya know, what parties I was gonna go to. You know, it kind of, it changes your perspective on things a lot" (March 31, 2008).

Developing confidence was another critical step in becoming self-assured. For the women who chose to keep their baby, it took time to feel comfortable as a mom.

Rocky worried about her son's health. She indicated, "I was afraid he wasn't gonna gain back the baby weight. I finally decided, ya know, he's gaining weight. If he's hungry, he will wake up (July 14, 2010).

Sis expressed concern that her identity as the mother of her son might be challenged with an older sister as the live-in childcare provider. "I wasn't sure how this was going to all work out. I'm just really glad she knows her place and doesn't go over her boundaries." She continued, "When I get home, he's mine and I take care of him." (March 17, 2011).

Cora talked about developing the confidence needed to be a mother by babysitting. "I babysit three days a week. I've known them since they were born, so they're like little siblings." (July 14, 2010)

For Immacule, it was difficult to make the decision to adopt. She chose an open adoption because that was what she felt was best for her daughter. Her confidence was in knowing that she did what was right for her child. "She'll always know [I'm her mom]. She's gonna be the flower girl at my wedding. I just have to find a guy (laughs) (March 31, 2008).

Time management was another area that required some priority adjustments for the women who participated in this study. Finding time for everything that needed to be

accomplished was a major challenge. Johnella commented on the time required to nurse a child. "If you want to go somewhere, it's like, okay, how am I going to do that, go for an hour and then go home, you know, so that is really time consuming and requires time management" (August 18, 2010). Sis stated that getting time in to study required time management. She revealed,

If I have to do something, I'll get it done and it's definitely affected my study time. My focus on studies has turned around. I'm constantly making note cards, constantly studying through them when the test is like next week! (smiles)

Compared to last year, I was just like a few hours before, studying, which now I'm kicking myself in the butt. I'm like this is not that hard! (March 17, 2011).

Rocky lamented, "It's hard to cram all that stuff in. And like study time and baby time and then when [the baby's dad] works at night, that's really hard cuz we have a dog, too and between a dog and a baby, it's crazy!" (July 14, 2010). Shokera continued, "I think that's probably the worst part of it is like, you never have time to go out and have, like exercise time, you know." (April 3, 2008). Cora agreed, "I don't have time for anything! Now I just chase [my daughter] or clean or do laundry, you know, mom stuff!" (May 14, 2011). Condoleza commented on the need for flexibility when parenting. "I don't plan three days ahead. I just can't" (April 8, 2011).

Another area which requires confidence, self-awareness and letting go is choosing a career path to follow. For some, the decision is made before they leave home. For others, the process involves a journey to acceptance. Condoleza intuitively knew she was

going to go to medical school; however, it was a struggle for her to follow a familiar family path.

My dad's a doctor, so I pretty much already knew; I just didn't want to cuz he did it. And my sister is going to med school next year. And so I didn't want to be stuck in, like this whole family doctor thing, so but I am anyhow (shakes head and laughs) (April 8, 2008).

A sense of humor also helped these women see the bright side of the situation. Immacule declared, "I found out I was pregnant the feast day of the Immaculate Conception. I'm gonna have the next Jesus (laughter). Free ticket to Heaven, right there." (more laughter) (March 31, 2008).

When describing her brother-in-law's affection for her daughter, Immacule shared that he would replace soccer balls with footballs on her photographs. She reflected, "He's gonna be a good dad. He takes all the pictures I have of her, and, cuz her favorite toy is the soccer ball that I got her. And he cuts out footballs and puts them over the soccer balls" (laughs) (March 31, 2008).

Rocky described her delight in watching her son as his personality began to emerge. "He likes to cuddle with his blankies. . . yep, he's got a personality on him. I couldn't believe it when he started the little fake cry. I was like, are you kidding me? (Laughs) (July 14, 2010).

Markel's insecurities about parenting were over shadowed by her son's language development. "Even though I sure don't do everything right, his first word was mama!" (February 16, 2011).

Humor was a coping mechanism used, as well. Shokera laughed when she described her father's reaction to her attempt to control the labor pains with Ibuprofen. He said, "That's like putting a band aid on a gunshot wound!" (April 3, 2008).

Cora laughingly referred to the idea of childcare supervised by the sisters as a "nun-run daycare". Humor was helpful in her day-to-day survival.

Sis described a friend's humorous story about the father of their child trying to connect with their son.

The dad got a conscience and tried to come back into his life and he took him to the donut [store] and it was like, you stay in the car while I go over and get donuts. He was five years old and he locked the dad out of the car. It's like open the door, you open the door and the kid would not let him in so he had to call the mom to come. It just cracked me up (March 17, 2011).

Condoleza found it humorous that the teachers did not know she was pregnant. "You were pregnant? I was like, what; you just thought I was getting fat. Great! I don't know which is better" (laughs) (April 8, 2008).

Several of them expressed the maternal feelings of pride and joy as they described their child. Rocky noted how much the baby looks like his dad. "He even makes the same adorable facial expressions when they sleep" (July, 14, 2010). Shokera was a proud mother as she described her son's independence. She beamed, "It's so fun, you get to see him, like grow up. He's very, very independent!" (April 3, 2008). She continued, "He's one little amazing kid. He's just a doll. I just love him to death!" Sis demonstrated pride when she said, "He is such a good baby. I'm so blessed, my gosh"

(March 17, 2011). Cora exclaimed, "I have this beautiful child and that's all that matters!" (July 14, 2010). Markel beamed, "I think he's the most gorgeous little boy in the world. He really is!" (February 16, 2011).

Another transition for many of the women included recognizing the importance of having a college education. Before they had children, many of the participants approached their college experience without a sense of direction. After they became mothers, they realized how essential a college education would be in reaching their goals, both for themselves and their children. Markel remarked,

Education is huge, you know. It [having a baby] has pushed me more to, you know, I figure if I stopped college or had just stopped doing my exercise science degree, you know, I couldn't make as great a life for our baby . . . this is the direction I need to go, this is what I need to do (February 16, 2011).

Markel has also learned how to study more effectively. She declared, "I've become a better student. My grades are actually better!" Markel went on to say,

It's amazing how much I am like, okay, I need to know this because I might hear this once and I might look over it once and then I'm going to be tested on it. My grades are actually better, as crazy as that sounds (February 16, 2011).

Shokera stated, "I was pursuing school before him, but in order for us to make it, I'm gonna have to, ya know, focus on school." (April 3, 2008).

Cora said becoming a mom has helped her work harder to attain her college degree. She noted,

I want to be able to graduate in four years and I want to get good grades so I can get a good job when I get done with school and so that's actually benefitted me because I want to do this for her. It's not about me anymore! (July 14, 2010).

Condoleza mentioned the improvement in her study habits, as well. "Having him made me more focused, cuz I knew I had to get this done cuz it wasn't about me now, but how am I gonna provide for him!" (April 8, 2008).

The "ah ha" stage of transition for the women in this study was the realization that life was no longer focused on them. Immacule talked about the difficult decision to give her baby up for adoption. "I have a lot of growing up to do before I can have kids, ya know," Immacule stated (March 31, 2008).

Parenting requires putting the needs of your child before your own. Sis described nursing in public. "He was hungry so I like covered up and everything and my teammates were like, are you seriously feeding him right now? Well yes! Did your mom starve you?" Sis also discussed the realization that the baby's needs came before her own now.

I guess, it's all about what's best for the baby. I have great family support. I don't know how I would do it by myself and go to school and work. I would probably have to give up school for sure (March, 2011).

Regarding readiness to be a mother, Cora stated, "It was a huge change. Sometimes I feel like I'm 30. I have to be very responsible and serious about life so I make good decisions and don't get in trouble" (laughs) (May 14, 2011).

Shokera discussed the importance of staying grounded and keeping things in perspective. She postulated,

It should never throw you completely off kilter and it should never just make you want to give up, because now you have somebody else that you have to worry about, so why would you sit there and concentrate on yourself and be like, “Oh why me, why this?” Ya know, take it for what it’s worth and take the opportunity to learn something (April 3, 2008).

Condoleza is grateful for the birth of her son because having him has given her life direction. She shared,

I’m glad I have [him] because he made me have a direction when I didn’t. I had no reason to. If it wasn’t for him, I probably still wouldn’t. I don’t know, but he, just having him, well I’ve got to do something now! (April 8, 2008).

Immacule realized that her transition completely changed her perspective on life. She commented on the change in priorities.

You know, it’s no longer important if this guy likes you right now or ya know. . . there were days when I’d try to pretend like that’s all I cared about, but you just you realize how much more, or how many other things are important in life and how really, if you fail a test, it’s not that big of a deal. You can make it up later, I mean, if you screw up once while you’re preg... I mean one drink or you know, they don’t know if that’s gonna, what effect that will have on the baby. You’re just, all of a sudden; your life isn’t about you anymore (March 31, 2008).

Immacule chose to adopt her baby to a couple she hand-selected. She felt that was the best decision for her child.

“If it was about me, she would be with me right now, but like I said, I mean, you get pregnant and all of a sudden, it’s not about you and you hold her and she is just so perfect and just wants to be loved and, it’s about her, what’s best for her. And this is what was best for her.” (March 31, 2008).

She concluded, “I have to remember why I chose for her to be with that family; it’s what’s best for her, and that’s what we come back to again (March 31, 2008).

Both Johnella and Shokera have found motherhood to be quite agreeable. Shokera commented, “I love him so much I’d have another one!” (April 3, 2008). Johnella stated, “I’ll be done with school in May. I wouldn’t mind having another one!” (August 18, 2010).

Cora realized that, although being a single mother requires sacrifice, she is still happy to have her daughter. She proclaimed, “I’m so blessed to have her in my life. Being a mom is what I’ve always wanted; it just came a little sooner than expected. But I love her to death and can’t imagine my life without her (May 14, 2011).

In summary, the third category of emotions analyzed for this study included transition experiences the women in this study described. They included physical changes to the body, changes in relationships and adjustments in self-perception.

Assertion

Reflection on the themes led to the following primary assertion regarding this study: Working through the experiences connected to an unplanned pregnancy

accelerated these college women's transition to adulthood. An unplanned pregnancy and the transition to motherhood impacted these women's ability to acknowledge the truth, respond to the present and plan for the future.

Summary

In this chapter, support was provided for the themes that emerged from the data analysis describing the experiences of college women with an unplanned pregnancy. The themes were related to the emotions, support and transitions the participants in this study described. The Participant Theme Distribution figure is located in Appendix D, p. 131. These findings will be discussed with reference to the literature in Chapter IV.

CHAPTER IV

DISCUSSION OF THE FINDINGS WITH REFERENCE TO THE LITERATURE

What are the experiences of single college women who had an unplanned pregnancy while attending a small four-year private university in the upper midwest? In Chapter II, the methodology used to gather the data for this study was discussed. From the data analysis, three categories were identified and from those categories, three themes emerged: 1) an unplanned pregnancy triggers a broad range of emotions, 2) an unplanned pregnancy necessitates access to a variety of support systems, and 3) an unplanned pregnancy involves numerous transitions. In Chapter III, a discussion of the data and the thematic findings of the research acquired during the pilot study and the expanded study was presented. Since this study involved phenomenological research, the review of literature is discussed following the presentation of the themes so the information in the literature did not prevent “bracketing” or setting aside preconceptions (Bloomberg & Volpe, 2008). The literature review included many information sources; among them books, dissertations, thesis papers, Internet resources, professional journals and periodicals. The focus of this chapter is to use substantial relevant literature to highlight, illuminate, and verify the findings of the study. The literature was analyzed in light of the findings with particular emphasis on unplanned pregnancy and the themes of the current study.

Pregnancy Intendedness

Although interest in pregnancy statistics goes back many centuries, it is only since 1941 that questions about the intention of pregnancy have been asked systematically in large-scale surveys. More recently, questions about intendedness have become standard features of the National Survey of Family Growth and of the Pregnancy Risk Assessment Monitoring System [PRAMS]. Interest in and concern about the large numbers of unintended pregnancies reported in those surveys resulted in an Institute of Medicine report on the subject and the inclusion of a national health objective to decrease the number of unplanned pregnancies by 2010 (Klerman, 2000).

In a report prepared for the Guttmacher Institute by Kost, Henshaw, and Carlin (2010), they noted that in the United States, approximately 50% of all pregnancies were unplanned. Moreover, 48% of women between 15 and 44 years of age had experienced at least one unplanned pregnancy sometime in their lives. Unintended pregnancy rates for unmarried adolescents remains high with approximately one million teenage women becoming pregnant annually. With 78% of adolescent pregnancies unintended, this accounts for one quarter of all unplanned pregnancies in the United States (Geller, 2004, Kost et al., 2010).

Of single adults between the ages of 18-29, 94% of men and 84% of women believe pregnancy should be planned and nine in ten say unplanned pregnancies are an important problem within their age group. With over half of all pregnancies unplanned, research indicates a significant gap between the aspirations, knowledge, and behavior within this population (Topping, 2010).

The terms unintended, mistimed, unwanted, and unplanned are often used interchangeably to describe the experience referred to in this study as an unplanned pregnancy. In order to assess pregnancy intentions, Rechelle and Casterline (2000) cited studies by Stanford et al. 2000; Santelli et al. 2003, and Luker 1999, which suggest that it is necessary to examine a more complex structure of intentionality. Bachrach and Newcomer (1999) proposed that intention should be considered on a continuum rather than categorized as a dichotomy (Rechel & Casterline, 2000). Part of the problem stems from lack of information. Many unmarried young adults have misconceptions or misinformation about pregnancy. According to The National Campaign to Prevent Teen and Unplanned Pregnancy, many express little confidence in the effectiveness of contraceptives and have strong concerns about the side effects from their use. In addition, most overestimate their own odds of being infertile (Kaye, Suellentrop & Sloup, 2009).

The women in this study all faced an unplanned pregnancy. The goal of the research was to describe the experiences of the eight participants and the three themes which emerged from the analysis of the data. The themes included examination of the emotions that accompany an unplanned pregnancy, the support systems necessary to cope with the experience, and the behaviors associated with this transition experience for these young women. The first theme specifically addressed the emotional experience from the perspective of the eight participants. Presented next is the supporting literature for this theme.

Emotions

Emotion is a word philosophers and psychologists have attempted to define for centuries. Oxford English Dictionary defines it as “any agitation or disturbance of mind, feeling, passion; any vehement or excited mental state”. The root of the word emotion is *motere*, from the Latin verb *moter*, “to move” plus the prefix *e*, which connotes “to move away”.

Goleman (1995) first came across the concept of Emotional Intelligence [EQ] in an article by Mayer and Salovey in the early 1990's. At that time, when Intelligence Quotient [IQ] was the standard of excellence, EQ was a radical idea. Like Mayer and Salovey, Goleman used the phrase to synthesize a broad range of findings, drawing together scientific research developments such as affective neuroscience, which explores how emotions are regulated in the brain with the theory suggested by Mayer and Salovey. His insights were published in a book entitled *Emotional Intelligence* which has been used in academic environments, and a variety of other fields since it was published in 1995. In his book, Goleman (1995) described emotion as “a feeling and its distinctive thoughts, psychological and biological states, and range of propensities to act” (p. 289). Each emotion involved a readiness to act based on past experience with similar circumstances, suggesting that the tendency to act was implicit in every emotion (Goleman, 1995). He suggested that emotions were as important as conventional intelligence, if not more so. Success requires more than IQ, which has tended to be the traditional measure of intelligence, ignoring behavioral and character elements (Goleman, 1995).

Ekman (1975) studied emotions in an effort to distinguish them from other areas of mental life. He conducted a study which weighed scientific evidence in an effort to identify qualities that differentiated between emotions. His study suggested that the emotional mind was significantly quicker than the analytical mind, precluding the reflective analysis that takes place in the thinking mind. Ekman proposed that the actions from the emotional mind were more certain, because they were immediate and the response from the analytical mind took time to develop. The quickness of the response was essential to their being highly adaptive, which suggested that the first impulse in an emotional situation was from the heart and the second from the head, after a person had time to reflect on the situation at hand. Ekman contended that the second pathway was more deliberate and involved awareness of the thoughts that lead to the emotion. More complicated emotions followed the slower process. Thus, Ekman concluded that there were quick and slow paths to emotions, one through immediate perception and the other through reflective thought.

Goleman (1995) noted that the universality of facial expressions for emotions was first described by Darwin who saw it as evidence that evolution had stamped these signals in the central nervous system. The argument for four core emotions combined Darwin's ideas with research conducted by Ekman (1975) which discovered that four specific facial expressions were recognized as the same emotions in cultures around the world; anger, sadness, fear, enjoyment (Goleman, 1995). Each of these primary emotions had a basic emotional nucleus as its core; however, numerous secondary emotions could

fall under each category. In addition, Goleman suggested that there were combinations of emotions that blended the categories together.

Theme One: An Unplanned Pregnancy Triggers a Broad Range of Emotions

Story (1999) conducted research at a small Christian liberal arts university in the mid-Atlantic region on the effects of unplanned pregnancy on college women who attended that university. Her research examined the effects of pregnancy from conception through the pregnancy's outcome. Nine of the ten participants in her study chose to abort and one miscarried. Story (1999) confirmed the intensity of the emotional experience for college women with an unplanned pregnancy indicating that emotional swings and hormone changes were a part of pregnancy for the participants in that study. She stated, "All other needs or demands came second to how they were experiencing the pregnancy" (p. 48).

Emotional swings were reported by the women in this study, with all eight participants discussing any number of emotions at any given time. The emotions were listed under 33 codes which were constricted for analysis to the core emotions of fear, anger, and sadness as discussed in the study by Ekman (1975). Fear was the first primary emotion examined, with attention given to the participant's experience of shock and stress.

Fear

Leifer (1980) (as cited in Story, 1999) viewed pregnancy as inherently a crisis for women, a time of psychological and physical agitation or disruption with stress as an inherent component of the experience. Story (1999) contended that environment and

relationships influenced the women's response to the pregnancy, including their anxiety and apprehension about the experience.

For the women in the current study a significant emotion they experienced was shock connected to the discovery of an unplanned pregnancy. The shock was associated with fear regarding the child, their relationship with the father of their baby, the response of their family, and their perceived parenting readiness.

Shock

According to the American Academy of Pediatrics (2003), the shock of an unplanned pregnancy is an emotional experience for teenagers and their parents. Accepting the reality of a pregnancy is the first mental hurdle a woman faces (Spencer, 2010). Story (1999) talked about the overwhelming degree of emotion associated with the discovery of an unplanned pregnancy. In that study, the participants described the shock of the pregnancy as "devastating, terrifying, scary, stressful and confusing" (p. 44). The distress caused them to focus all of their energy internally. Story stated, "They were so internally focused that they forgot to eat or do other daily tasks" (p. 44).

For the participants in the current study, their immediate response to their pregnancy was shock. Condoleza and Rocky were distressed when they discovered that the birth control method they were using failed to protect them. Shokera went to the hospital with stomach cramps and was shocked to discover that she was going to have a baby. Sis's feeling of shock was because she and the father of her baby were no longer dating. Immacule dealt with the shock of being raped, as well as discovering that she was

pregnant and had HPV. Cora and Johnella's shock was more connected to feelings of invincibility; somehow this wouldn't happen to them, but it did!

The shock of the unplanned pregnancy was overwhelming for the participants in the current study, prompting the expectant mothers to worry about numerous things including the health of the baby, her own health, her relationship with the father of her child, her family's response, financial demands, having the skills necessary to be a good mother, among other things. Their worry was a significant source of stress.

Stress

Story (1999) discussed stress as one of the effects of pregnancy among college women. Her research revealed a significant amount of emotional distress among the participants as a result of the unplanned pregnancy. The distress was apparent from the discovery of the pregnancy through the pregnancy's end and was particularly high when the women were trying to decide the best outcome for the pregnancy. The stress was characterized by the question, "What am I going to do?" (p.45). This period of indecision was directly related to the effects of personal distress.

Geller (2004) conducted a review of literature focused on stressful circumstances surrounding pregnancy. The review addressed different aspects of the reproductive event, focusing on stressful circumstances surrounding pregnancy, as well as times when the pregnancy itself became a stressful life event. Her research confirmed the reasons reported by Story (1999) as to why unplanned pregnancies can be stressful including a disruption of plans, financial burden, maturity, and readiness for parenthood, life partner

issues, and reactions from family due to pregnancy. In addition, there can be numerous health concerns.

For the women in this study, the process of trying to decide the outcome of the pregnancy was stressful; yet all of the participants chose to carry the baby full term. They also experienced stress associated physical health, the relationship with the father of the child, family expectations, and the demands of college life.

In a comprehensive literature review conducted by Logan, Holcombe, Manlove & Ryan (2007) a summary of the consequences of unintended childbearing for children and families was provided. This report focused on a relatively large body of literature which examined the association between pregnancy intentions and several potential consequences including prenatal and perinatal risks (e.g., inadequate or delayed initiation of prenatal care, smoking/drinking/ substance use during pregnancy, and not breastfeeding); risks for the children born from unintended births (e.g., poor physical and mental health, poor developmental, behavioral and educational outcomes, poor mother-child relationships); and risks for parents who have an unintended birth (e.g., poor psychological well-being, negative attitudes towards parenting, and low relationship quality).

The prenatal and perinatal outcomes, including both maternal behaviors during pregnancy and outcomes for the child at the time of birth, suggested that women with an unintended pregnancy were less likely to recognize a pregnancy early, which delayed initiation of prenatal care (Logan et al., 2007). Shokera obviously did not receive any prenatal care, as she did not know she was pregnant when she went to the hospital to

deliver her child. Sis did not tell anyone she was pregnant until she was in her sixth month and did not go to the doctor until her third trimester.

Another risk reviewed for the report by Logan et al., (2007) was the baby's exposure to smoke and alcohol. This issue was discussed by four of the participants in the current study, with Condoleza and Rocky expressing concern about exposing their unborn baby to smoke in a bar and Immacule and Shokera discussing the effects of alcohol on a fetus.

Breastfeeding was discussed in the report by Logan et al., (2007), as well. All seven of the women in this study who chose to keep their child discussed the decision process regarding nursing their child, with two mothers feeling successful at breastfeeding, and others having varying degrees of success.

The report by Logan et al., (2007) also included a description of the risks for physical and mental health. Their report confirms Geller's (2004) finding that anxiety in the mother was associated with various pregnancy complications and outcomes. Chronic hypertension in pregnancy was a complication in 1% to 5% of all pregnancies. This condition, along with superimposed preeclampsia, accounted for increased risk for many adverse maternal and neonatal health outcomes (Geller, 2004).

Condoleza experienced both hypertension and preeclampsia. Her hospital stay was six days, compared to the traditional stay of two days for most new mothers and her recovery time was significantly longer than for an uncomplicated birth.

Geller (2004) also noted that multiple stressors could be present and exacerbate the experience of stress. Furthermore, Geller found that pregnancies that occurred as a

result of rape carried an extremely high probability of intense distress. In this study, Immacule dealt with multiple stressors in addition to the rape, which increased her stress levels exponentially. Besides experiencing an unplanned pregnancy, she was dealing with the physical effects of the rape as well as contracting a sexually transmitted disease. The trauma of the event itself and the knowledge that she had a sexually transmitted disease left an emotional scar that will likely impact Immacule for the rest of her life. She was also concerned about the health of her unborn baby, the possible effects of the HPV, the impact the emotions she was experiencing might have on her infant, and the decision to keep or place the child for adoption after it was born.

Anger

Field, T., Diego, M., Hernandez-Reif, M., Schanberg, S., Kuhn, C., Yando, R., Bendell, D., (2003) conducted a study in which one hundred and sixty-six women were classified as experiencing high or low anger during the second trimester of pregnancy. The high-anger women also had high scores on depression and anger scales. In a follow-up across pregnancy, the fetuses of the high-anger women were noted to be more active and to experience growth delays. The high-anger mothers' high prenatal cortisol and adrenaline and low dopamine and serotonin levels were mimicked by their baby's high cortisol and low dopamine levels. The high-anger mothers and infants were also similar on EEG activation and low vagal tone. Finally, the newborns of high-anger mothers had distressed sleep patterns and lower performance on a behavior assessment. These data highlight the need for prenatal intervention for elevated anger during pregnancy.

Anger is described as another one of the four primary emotions (Ekman, 1975; Goleman, 1995) and was commonly experienced by all eight of the women in the current study. They expressed feelings of anger during their pregnancy and after the delivery of their child. Some of the anger was directed at other people and some, at themselves.

The women in this study described feeling angry when they recalled their experience of being stigmatized by others. Researchers Wiemann, Rickert, Berenson, and Volk (2005) conducted a study of 925 low-income African-American, Mexican-American, and Caucasian pregnant adolescents aged 18 and older. Participants were interviewed regarding the perceived stigma they experienced as a result of their unplanned pregnancy. Their research findings suggested that 39.1% of the women reported feeling stigmatized by their pregnancy. As compared with their non-stigmatized peers, stigmatized adolescents were more likely to report being afraid to tell parents about pregnancy, feeling judged, and feeling abandoned by the fathers of their babies. The conclusion of their research was that significant proportions of pregnant adolescents felt stigmatized by pregnancy and were at increased risk of social isolation and abuse and that these young women may need special attention during and after pregnancy to develop concrete strategies to care for themselves and their children to complete their education and avoid becoming clinically depressed.

Seven of the eight participants in this study described feeling judged, or stigmatized by the unplanned pregnancy. For Markel, the stigma she felt was connected to having a mixed-race child. Given the fact that the current study was conducted in the upper midwest in a predominantly white community, it was not surprising that Markel

described the frustration she had about the prejudice that she believes exists in this part of the United States. In addition, she discussed what she described as the learning curve in raising a mixed-race child, (e.g. the baby's paternal grandmother questioned her about her ability to do his hair.) Markel stated, "I've learned a lot but it has been a bit tense sometimes" (Personal communication, February 16, 2011).

Sadness

The consequences of unintended pregnancies are serious, imposing appreciable burdens on children, women, men, and families, according to research conducted through CDC (2011). Three of the burdens associated with the experience of an unplanned pregnancy described by the participants in this study included feeling judged, feeling guilty and feeling depressed.

Guilt

Earlier in this chapter, research with college women and unplanned pregnancy conducted by Story (1999) was described. This research found that the guilt, shame, fear, and sense of stigma the participants reported were common, and may reflect the wider social views about women's responsibility for sexuality and reproduction.

All of the women in this study felt guilt associated with getting pregnant. The two women using birth control felt that it was somehow their fault that the birth control failed. For two other women, alcohol contributed to their conception and they felt guilty about letting themselves get in the situation that caused the pregnancy in the first place. Shokera's guilt was in regard to trusting the father of the child too much, indicating that somehow, she should have known better. Sis felt guilty because she had broken up with

the father of her baby and would have to deal with the pregnancy by herself. She also felt bad about letting her family down. Johnella and Immacule felt guilty because in their minds, they were not even supposed to be having sex, much less getting pregnant.

For Immacule, the guilt, like many of the emotions, was multifaceted. She felt guilty about putting herself in a compromising situation where she was raped. Secondly, as a member of the student health care team which advocates reporting sexual assault, she also experienced guilt about not reporting it. Another area of guilt for Immacule was choosing adoption for the baby. According to an article written by Pertman (2010) the majority of mothers who surrender their children are not reckless teens, but women in their early-20s to mid-30s, usually single, who have anguished over their decisions. Most have graduated from high school; many have attended college. Their primary motivation is not to avoid a personal problem, but to give their babies a better life (Pertman, 2010). Immacule's primary concern was to provide her daughter with the best life possible under the circumstances. For her, this required the painful decision of an open adoption.

In America, adoption touches nearly 60% of the population in some way, according to a recent survey by the Donaldson Adoption Institute (Pertman, 2010). Despite the positive trends, adoption's most essential participants, the women who relinquish their children, continue to bear a stigma. Biological fathers get far less attention, because few are involved when a baby's fate is being decided; either because they are not interested or do not know the child exists (Pertman, 2010).

Depression

The study by Logan, et al., (2007) referred to earlier in this chapter, noted that a considerable body of literature indicated that an unintended pregnancy could have negative consequences for a mother's well being resulting in depression. Women with unplanned pregnancies demonstrated lower levels of psychological well-being during pregnancy and following the birth, were at a higher risk of depression, and reported lower levels of happiness than those with an intended pregnancy.

Weimann, (2005) cites Dryden-Edwards, Assistant Professor of Psychiatry at Johns Hopkins Hospital, who has taught extensively on subjects related to mental health and pregnancy. Dryden-Edwards suggested that, while depression is a fairly common condition thought to affect at least one in four women at some time in their life, depression that occurs during and after pregnancy is of particular concern. During pregnancy, the emotional duress can have negative consequences for the fetus, while post-partum depression can impact the health of the mother and the child (American College of Obstetricians and Gynecologists, 2010; Weimann, 2005).

American College of Obstetricians and Gynecologists (2010), a national organization of physicians who advocate for quality health care for women, included depression associated with childbirth as one of their major initiatives at the 2010 national convention. The report stated that there are two types of depression associated with pregnancy, antepartum and postpartum. Antepartum is the depression and negative emotions a woman feels during pregnancy. The rapid rise in hormone levels during pregnancy can trigger depression. Approximately 20% of pregnant women experience

some depressive symptoms during their pregnancies, while 10% of pregnant women develop clinical depression. Postpartum depression is characterized as the negative feelings a woman experiences after delivery. Statistics indicate that approximately 10% of pregnant women are diagnosed with postpartum depression.

Geller (2004) in research on pregnancy as a stressful life event referred to earlier in this chapter, concluded that unplanned pregnancy could be a risk factor for depressive and anxiety symptoms and disorders and could result in depression during and/or after pregnancy. When a pregnancy either does not occur as hoped or occurs when not anticipated, strong feelings of anxiety and distress may arise. Life stressors not directly related to pregnancy could exacerbate the demands normally imposed by pregnancy and childbirth and compound the stress of the pregnancy-related issues already mentioned. Furthermore, each of these life situations may contribute not only to an individual woman's experience of her pregnancy, but also to the outcome of the pregnancy itself (Geller 2004).

Depression was an issue for six of the women in the current study, with all of the women associating the depression with exhaustion. In addition to the physical exhaustion experienced after delivering a child, the emotional energy required to get through the event was also a source of fatigue.

Theme Two: An Unplanned Pregnancy Necessitates Access To a Variety of Support Systems

A report by Markham, Lormand, Gloppen, Pesking, Flores, Low, and House, (2010) examined the existing evidence regarding the influence of connectedness on adolescent sexual and reproductive health. Connectedness referred to the emotional

attachment and commitment a young adult made to social relationships in the family, peer group, community, or culture. Their report included a systematic review of behavioral research (1985-2007) supporting the notion that bonds to family and other significant social groups were an essential element of positive development for healthy adults. Markham et al., (2010) reported on the positive outcome of connectedness, communication, parental monitoring, peer connectedness, partner connectedness, school connectedness, and community connectedness.

Hoffman and Hatch (1996) presented an assessment of studies that considered the relationship of stress and social support to preterm delivery and fetal growth. Included in the review were reports on the direct effects of stressors or psychological distress; the indirect effects of stressors or distress through health behaviors such as smoking; and the direct and buffering effects of social support. Hoffman and Hatch (1995) found that intimate social support from a partner or family member appeared to improve fetal growth and assist women dealing with stress.

The CDC Vital Signs Report on Preventing Teen Pregnancy in the United States (2011) described the high emotional, physical, and financial costs of having a child during the teen years that impact the mother, father, child, and community. They suggest that parents, educators, public health and medical professionals, and community organizations all have a role to play in reducing teen pregnancy.

The support systems that the women in this study relied on during their experience of an unplanned pregnancy were an important factor in the women's ability to

navigate through their experience of an unplanned pregnancy. Support systems that were noted by the women in this study included family and friends, community, and academia.

Family and friends

Kaye, Suellentrop, and Sloup, (2009) reviewed the results of a national survey on contraceptive and fertility knowledge called *The Fog Zone Report*. This report indicated that 86% of the participants have had sex. Among the unmarried young adults currently in a sexual relationship 19% used no contraceptives at all and 24% used contraceptives inconsistently. Not surprisingly, many said that they have been pregnant or gotten their partner pregnant, with 31% of the women surveyed saying they have had an unplanned pregnancy and 69% saying that their friends have had an unplanned pregnancy. The results (Kaye et al., 2009) suggested that support systems are very important to young women with an unplanned pregnancy, with parents remaining influential in the lives of their children, particularly unmarried young adults with children.

Research conducted by the CDC and reported in Parent and Guardian Resources (2011) indicated that teens who talk with their parents about sex, relationships, birth control and pregnancy begin to have sex at a later age, use condoms and birth control more often if they do have sex, have better communication with their partners, and have sex less often than their peers. Parental involvement had a positive impact on adolescent behaviors (CDC, 2011).

In the report by Markham et al., (2010) referred to earlier, their comprehensive literature review suggested that women often receive support from family, friends and community following an unintended birth. This finding was confirmed in a study

conducted by Goldrick-Rab, Mimikel-Lacocque, Kinsley (2011) which supported the necessity of family support. The report also noted that students with children at four-year colleges were more likely to reside either with or near their own parents. In addition, their research pointed to a strong role of family support in making college possible for parenting students (Goldrick-Rab, 2011).

Family support was essential for six of the eight of the women in this study. Two of the participants depended on their mothers to provide childcare for their children. Others indicated the support they received with childcare from their family allowed them to attend events and activities sponsored by the school. Five of the participants shared that living with family members provided them flexibility to run errands, do homework, do household tasks, and work.

While family members were a source of strength and support for the participants in this study, this finding differed from the family support of the participants in the Story (1999) study. In that study, six of the women did not disclose the pregnancy to their family and two of the four who did tell their family expressed frustration over their decision to share the news. One possible explanation for the disparity in family support could be that in Story's study (1999), nine of the ten participants chose to abort and one miscarried. The participants in the current study all chose to deliver the baby, which would significantly increase the need for the expectant mother's biological family to be informed.

The women in this study also relied heavily on their family for financial support. In addition to assistance with the food and lodging, they relied on family for childcare

and help making ends meet. This was not the case in the study conducted by Goldrick-Rab, et al., (2011) who found that compared to non-parenting students, those with children reported getting less material help from their families and felt less confident that financial problems would not compromise their college performance. While family help was important to the participants in the current study, they also feared not having enough money to pay for the things they needed.

In the study cited earlier, Geller (2004) found that social resources help offset perinatal problems and psychological stress. During pregnancy, support from one's partner is important, although not always forthcoming, and stressful circumstances related to the relationship can be particularly salient. The pregnancy may result in relationship dissolution, and strained relationships with family, community members, and others in one's social network (e.g., religious affiliates), thereby contributing to distress (Geller, 2004).

Geller (2004) found the relationship the women had with the father of their child was significant to all of the participants in that study. These relationship dynamics were also significant for the participants in the current study, however, they crossed a broad spectrum with regard to quality; for the woman who was raped, the relationship was reported as extremely negative; for the two women who are currently married to the father of the child, their relationship was described as positive. The woman who was surprised to deliver a child also described negative feelings toward her child's father, while the other four described feelings that ranged from somewhat negative to neutral.

Friends were also important in providing encouragement to the women in the current study; specifically they shared their appreciation for friends who offered assistance with childcare, provided social networking, took the time to stop and visit, and did not pass judgment on them for the circumstances surrounding their pregnancy.

Community

In addition to family and friends, the participants in the current study relied on a variety of community support systems. Community support discussed in this study included public health resources, childcare, and faith-related sources.

As part of the President's Teen Pregnancy Prevention Initiative (2010-2015), the CDC partnered with the federal Office of Adolescent Health in an effort to reduce teenage pregnancy by establishing programs which demonstrated the effectiveness of innovative, multi-component, community-wide initiatives to reduce rates of teen pregnancy and births in communities. Communication regarding programs included broad-based strategies such as social networking and media campaigns in an effort to reach as many young adults as possible. The goal was to implement evidence-based programs and improve access to available services. To achieve these goals, nine state and community-based organizations, including two Title X agencies, and five national organizations were funded through a cooperative agreement. The national organizations provided training and technical assistance to all funded organizations within this initiative. The state and community-based grantees provided training and technical assistance to youth-serving organizations. The focus on community resources and support in addressing the issue of unplanned pregnancy will be essential to its success.

Cooper (2011) recommended that college women with an unplanned pregnancy consider several sources for support. He wrote:

Your community is another place to turn for support. Local support groups, clinics and hospitals, community centers, and universities all offer programs that can help you. Many local hospitals offer support and counseling groups, and prenatal classes. Most educational institutions also offer a wealth of resources for expectant mothers—from support groups to free literature to classes. One organization in particular, www.nurturingnetwork.org, offers an extensive employment, medical, educational, counseling, and residential network geared to help with the crisis of an unplanned pregnancy (p. 3).

Public assistance was another component of community support. According to Kaye et al., (2009) mentioned earlier in Chapter IV, approximately one in ten unmarried young adults reported receiving public assistance in the past 12 months, with women more likely than men to access services. Four of the participants in this study relied on public assistance. One agency that was particularly helpful to two of the women in the current study was Women, Infants and Children (WIC).

Childcare was an essential component of community support for the seven women who chose to keep their child. Two of the participants were fortunate enough to have their own mother as the primary childcare provider. For those who needed to hire childcare, the search process was stressful and the added cost was significant. Goldrick-Rab et al., (2011) study found that participants believed that balancing the demands of

life and finding and affording childcare were among the central barriers to completing their college education.

Finally, religion was considered a significant source of community support. A broad analysis of data from 2000-2006 conducted by the National Survey of Family Growth, (2002) found that most young adults age 20–29 report some kind of religious tradition; approximately four in ten identify as Protestant and one-quarter identify as Catholic; 2% identify as Jewish, 1% identify as Mormon, and 5% identify as some other religion. Approximately one in five young adults did not report any religious affiliation.

In 2009, the Religious Institute in conjunction with the National Campaign to Prevent Teen and Unplanned Pregnancy, called together 23 clergy, theologians and religious leaders from Christian, Jewish, and Muslim communities. Colloquium participants established an overarching vision that by the year 2020, all faith communities will be sexually healthy, just, and prophetic. Haffner and Palmer (2009) outlined ten goals in their report presented at this institute and raised the following question: “It is not so much whether sexuality and spirituality are connected, but in what ways”? The article noted that virtually all of the world’s religions teach that sexuality calls for responsibility, respect, and self-discipline and honor loving, ethical relationships. It goes on to say:

Because our sexualities and spiritualities are nurtured in and through relationships, the quality of those relationships shapes the connection between our sexuality and spirituality. Often, in a world marred by brokenness, fear and distrust, sexuality can be experienced as abusive, abused, and alienated. So, too,

our spirituality can be damaged through negative encounters with religion or the wider world (p. 14).

All eight participants in this study discussed some component of spirituality, including denominational affiliation, church expectations, religious beliefs and/or faith. Many had strong feelings about spirituality and several referred to some aspect of church attendance in the interviews. Six of the participants discussed strong beliefs about church attendance and faith as part of their family experience. For two of the women, the challenge was finding a Christian denomination with the father of their child in which to raise their children. Two of the women discussed feeling connected to their church and found church members to be very supportive in their pregnancy and subsequent motherhood. The woman who was raped struggled with feeling judged in church. As Haffner and Palmer (2009) noted, when sexuality is experienced in an abusive way, spirituality can be damaged, as well. Although she struggles with church now, Immacule indicated a desire to go back to church at some point in her life. "It's one of those things, I know eventually I'll come back, ya know, and enjoy church. I just get so overwhelmed" (March 31, 2008).

Academia

Educational aspirations are at an all-time high among young adults from all backgrounds, according to Goldrick-Rab, et al., (2011). The current study suggests that, while the number of parents in higher education is growing, for many students, college access fails to translate into success: less than one in ten students with children complete a bachelor's degree within six years of college entry (Goldrick-Rab, et al., 2011). This

study used data from the Beginning Postsecondary Study, which indicated that parents were more likely to attend college part-time, impacting the time required to attain a degree, as well as the odds of completion. The “parenting penalty” is an indirect rather than a direct result caused by juggling multiple responsibilities, which adds challenges to the demanding requirements of college success.

Juggling multiple roles, prioritizing, and time management were all issues discussed by the participants in the current study. Ironically, for seven of the women in this study, the extra pressure actually helped them become more focused on school. Knowing that time was limited, they became more attentive in the classroom and more efficient at studying. It also improved their commitment to attaining an advanced degree. This was not the case in a study of college women and unplanned pregnancy cited earlier by Story (1999) who found that participants were so preoccupied with the pregnancy they had difficulty paying attention to anything else, including their school work. In contrast, the participants in the current study were highly focused on their academic performance and were willing to make sacrifices to attain the academic degree they felt would assist them in reaching the goals they had set for themselves and their children.

The National Council on Student Development, in conjunction with the National Campaign to Prevent Teen and Unplanned Pregnancy, published a curriculum guide written by Topping (2010) which included sessions for inclusion in college orientation seminars. This curriculum guide provided lessons on decision-making skills and a variety of other issues to improve the probability of success in college. In this curriculum guide, Topping suggests that along with academic preparation and study skills, young

adults need resources and support to avoid making decisions that will undermine their chances of college success. Topping included statistics related to unplanned pregnancy among young adults and the direct relation to student success; 61% of women who have children after enrolling in community college fail to finish their degree, which is 65% higher than the rate for those who did not have children. Topping further suggests that parenting students would benefit from additional support.

Topping's curriculum guide (2010) included information from a 2010 online survey of community colleges conducted by the National Council on Student Development that assessed the needs of its member institutions and their concerns regarding teen and unplanned pregnancy. According to this survey, 100% of respondents agree (63% "strongly" agree) that unintended pregnancy makes it harder for students to successfully complete their schooling and two-third of respondents (65%) agree that college campuses have a role to play in helping to prevent unplanned pregnancies and sexually transmitted infections among students. Since unplanned pregnancy can derail educational success and future goals, helping college students understand and reflect on the factors that influence their decisions and behavior about sex, relationships, and pregnancy can increase the likelihood of achieving educational goals and college success (Topping 2010).

In today's economy, a person's level of education is a predictor of income and, in general, the more education, the larger the earning potential. According to the United States Census Bureau data for 2007, the median income of men was \$44,255 and for

women \$34,278, or 77.5% of men's earnings. In 2007, raising a child to age 18 cost approximately \$240,000

In addition, an analysis of data from 1970 to 1996 by the National Campaign to Prevent Teen and Unplanned Pregnancy showed that virtually all of the increase in child poverty over that period was related to the growth of single-parent families. In the 1970s, some of this increase was the result of rising divorce rates. Since the early 1980's, however, reports indicate that the increase in child poverty has been driven by the increased numbers of never-married mothers (Why is Matters, 2008).

Theme Three: An Unplanned Pregnancy Involves Numerous Transitions

The exploratory study by Goldrick-Rab, et al., (2011) mentioned earlier in Chapter IV addressed the transition into and through the first year of college for traditional-aged, low income students with children. Utilizing data from surveys, administrative records and interviews they compared parenting students to other students. They also compared the experiences and attitudes of parenting students at the start of college to their experiences and attitudes a year later. The findings suggested that the transition for parenting students was different from traditional, non-parenting students as well as other "nontraditional" students, such as those older than average.

An unplanned pregnancy brought numerous transitions for the college women in the current study. From the initial shock to the birth of the child, the women were on a journey filled with changes. Discussion of this theme will focus on changes in their physical body, changes in their relationships, and changes in their self perception.

Physical

Mayo Clinic (2011) provides a comprehensive assortment of resources regarding pregnancy related issues. Included are lists of symptoms that may be experienced by pregnant women. Nausea, fatigue, increased urination, tender breasts, mood swings and food aversions and cravings may occur. As the uterus expands and joints relax, pain may be present, particularly in localized areas. Third trimester physical symptoms include backaches, heartburn, shortness of breath, spider veins, frequent urination, Braxton Hicks contractions, sleep disturbances, weight-gain, and skin conditions, including stretch marks and brown spots, as well as tingling and itching. Many of these symptoms are associated with the growth and weight gain of the baby and often result in increasing discomfort (Mayo Clinic, 2011).

The women in this study described a variety of physical changes that happened during their pregnancy. Several participants talked about “looking pregnant” sharing a similar feeling to that shared by Rocky, who said, “I didn’t have any stretch marks my whole pregnancy until like the last month and now they’re like, ugg” (laughs) (July 14, 2010).

Research conducted by Lamarre (2010) cited the physical symptoms that may trigger anxiety in pregnant women. In the early months some women experience nausea, fatigue, tender breasts, and the fear that something might go wrong. As time goes on, symptoms include insomnia, more pressure on the bowels and bladder, and feeling overheated, all of which can contribute to irritability (Lamarre, 2010).

Kirkpatrick (1980) (as cited in Story (1999) said, "The female, once impregnated, is never again in a zero or not-ever-gravid state (a never impregnated state). She may miscarry, elect to abort, or carry to term, but physiologically and psychologically, she can never again be a not-ever-pregnant self" (Story, 1999).

Delivering a baby is an intensely physical experience. Mayo Clinic (2011) lists the stages of delivery, including effacement, dilation, bloody show, nesting, rupture of membranes, and contractions. The participants shared very descriptive memories of the birth. For Condoleza, she recalls,

I don't know what was going wrong, but some stuff was just not working right.

He was just, he was in the birth canal too long and they were just about to have to do a C-section and they, um, did a vacuum and just pulled him out. I had like third degree tears! (April 8, 2008).

Rocky talked about being stressed when she went into labor. "When we got there, they had to induce me and that stuff wasn't very friendly. I was contracting like every 30 seconds and finally I was just like, give me the epidural. I can't take this anymore!" Rocky, July 14, 2010).

Shokera remembers squeezing her father's hand, "I didn't want to squeeze mom's hand cuz I didn't want to hurt her . . .but Dad can take it" (April 3, 2008).

Relationships

According to Furstenberg, (2010), transition to adulthood has become more protracted and the sequence of transitions less orderly and predictable. Furstenberg suggested that today, leaving home, marriage, and childbearing take place much later in

the lifespan than they did after World War II. With the disappearance of American well-paying factory jobs during the 1960s, youth from all economic backgrounds chose to pursue a college education, marry and start a family later. In addition, Furstenberg noted that returning to the natal family for economic and social support became much more accepted, even after the birth of a child.

Sarah Brown, CEO of The National Campaign to Prevent Teen and Unplanned Pregnancy agreed that marriage and birth patterns among teens have changed over time, shifting from a general trend of marrying *before* pregnancy, to marrying as a *result* of pregnancy, to becoming pregnant and *not* marrying. CDC report *Trends in Marriage Rates (2009)* supports the statement by Brown. Even though many unmarried teen mothers have high expectations for eventually marrying the father of their child, few ever do.

The participants in the current study discussed the likelihood of marrying their partner, with half expecting to marry the father of their child. While two of the participants are now married to the child's father, given the information cited above, it is unlikely that this will be the outcome for the other women.

In the review of research on connectedness by Markham et al. (2010) discussed earlier in Chapter IV, reference was made to the importance of partner connectedness. All of the participants in this study experienced stress around their relationship with the father of their baby. For several of the women, the stress was in regard to expectations for a long-term relationship with the child's father. CDC report in *Trends in Marriage Rates (2009)* indicated that at the time of their child's birth, more than half of unmarried

teen mothers say they are either “certain” or chances are “good” they will marry the biological father of the child. Studies show, however, that eight out of ten fathers do not ever marry the mother of their child. The expectations of the participants regarding their connectedness of the father of their child affected their stress level, as well as their overall emotional health (CDC, 2011).

It is not simply the pregnancy or disadvantaged backgrounds that cause the many problems experienced by teen parents. It’s the timing. If more teenagers would first complete their education, then secure employment, marry and establish stable home lives before becoming parents, everyone would benefit. While many teen parents are economically disadvantaged, and behind in school before having a child research also indicates teen parents have a greater likelihood of: dropping out of school, attaining lower economic productivity, having greater reliance on public assistance, having higher rates of poverty and a stronger likelihood of single parenthood. This underscores the strong connection between teen parenthood and many other important social issues – marriage being just one of them. Simply put, if more children were born to parents ready and able to care for them, this nation would see a significant reduction in a host of social problems, from school failure to poverty (CDC, 2011).

For the participants in the current study, the issues was not only about marrying the father of their child, it was about staying married for life. Several shared concern about divorce and three were directly impacted by the divorce of their own or their partner’s parents. All noted never wanting their child to have to go through the divorce

of their parents, which also played a part in their decision not to marry because of the baby.

Self Perception

There are a number of factors that may affect identity within adolescents; however, unplanned pregnancy is a significant part of the overall concern. While the rates of teen pregnancy and childbirth are high among youth of all races and ethnicities, they are the highest among the socioeconomically disadvantaged. As part of the President's Teen Pregnancy Prevention Initiative, CDC is partnering with the Office of Adolescent Health to support public and private entities to fund medically accurate and age appropriate evidence-based or innovative program models to reduce teen pregnancy (CDC, 2011). In particular they are focusing on priority populations, including youth who are at risk, in order to reduce overall teen childbirth rates in the United States.

Self perception was a very important issue for the women in this study. An unplanned pregnancy affected not only the way they looked at themselves, but how they perceived others to look at them, as well. Of particular consideration here was the attitude the expectant mother chose to have about her circumstances. Adopting a stance of victim did not help the women in the current study to move on in the transition process. While early in the pregnancy, they wrestled with blame and anger, once they accepted the pregnancy, they were better able to choose a positive attitude about their personal circumstances and make choices more confidently regarding their lives and the lives of their children.

Summary

In Chapter IV, the themes that emerged from this study were discussed with reference to related literature. The themes of emotions, support systems, and transitions were discussed. Overall, research studies on unplanned pregnancy revealed information similar to the themes found in this study.

The first theme dealt with the vast and dichotomous range of emotions expressed by the women in this study. The emotions reflected their fear, including the shock of discovering that they were pregnant, the stress of dealing with the pregnancy, the decisions the pregnancy necessitated, and the worry associated with pregnancy. Research supporting this theme was conducted by Ekman, 1975; Goleman, 1995; Field et al., 2003; Geller, 2004; Logan et al., 2007; Pertman, 2010; The National Campaign to Prevent Teen and Unplanned Pregnancy; Spencer, 2010; Story, 1999; and Weimann, 2005.

The second theme focused on the support systems necessary to make it through the experience of an unplanned pregnancy as a college student. The reliance on support systems was an important topic in the literature by CDC 2011; Hoffman and Hatch (1996); Markam et al., 2010.

The third theme looked at the transition experiences the women encountered. The physical changes described by the Mayo Clinic (2011) and Lamarre (2010) reinforced the experiences the women in the current study described. Goldrick-Rab, et al., (2011) discussed the differences between parenting students and non-parenting students, another topic that was articulated by the participants in this study.

CHAPTER V

SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND REFLECTIONS

Summary

The purpose of this qualitative study was to explore the experiences of single college women who had an unplanned pregnancy while attending a small private four-year university in the upper midwest. The conceptual framework used to provide direction for this study was social constructivism. The subjective perspective allowed an emergent understanding of the experiences associated with an unplanned pregnancy for the women in the study.

The methodology used for the research was described in Chapter II. A phenomenological approach was utilized to study the experiences and perceptions of eight single college women who faced an unplanned pregnancy their first or second year of college. The participants involved in the study were all students who attended the same university and all had delivered their baby prior to the first interview. The audio-recorded interviews were transcribed and then analyzed for codes, categories, and themes.

In Chapter III, the three themes that emerged from the analysis of the data were presented with support from the participant interviews. The themes were discussed with reference to the literature in Chapter IV. Chapter V includes a summative discussion of

the themes and a description of the findings of the current study as they relate to relevant literature. The discussion is followed by conclusions and recommendations.

Theme One: An Unplanned Pregnancy Triggers a Broad Range of Emotions

Emotions were a significant part of an unplanned pregnancy for the participants in the current study. The shock of hearing that they were pregnant and the stress that followed consumed them. They struggled with the myriad of possible responses and potential consequences. Two primary stress points were: (a) concerns regarding the response of the father of the child, and (b) alternatives for the pregnancy. One way they managed the stress was by seeking information, most commonly through networking, reading, and internet searches. The participants also dealt with anger they felt about various aspects of the experience. Seven of the eight women reported feeling angry about the social stigma associated with an unplanned pregnancy out of wedlock. They felt judged by other people who did not know the circumstances. When asked to share her most significant learning from her experience, Immacule replied, "The biggest thing I have learned from this is do not judge! You never know anybody's circumstances" (personal communication, March 31, 2008). The women were also angry about their unmet expectations regarding the involvement of their baby's father. For the woman who was raped, her anger was primarily focused on the perpetrator and the grief she experienced because of everything she perceived to be lost.

Sadness was another emotion several of the women described. A variety of causes were associated with their melancholy, including guilt, exhaustion, birthing, being

a mother, and being a student. All eight women worried about doing what was best for the baby, even though it was not clear what that choice should be.

Findings in the current study were supported by Goleman (1995) in his publications on emotional intelligence. Goleman focused on the four core emotions of fear, anger, sadness, and enjoyment identified by Ekman (1975) and based on theories by Darwin. Similar findings by other researchers supported the current study on the emotional challenges that may accompany the experience of an unplanned pregnancy for single college women (CDC, 2011; Field et al., 2003; Geller, 2004; Logan et al., 2007; Spencer, 2010; Story, 1999; and Wiemann et al., 2005). The “emotional rollercoaster” was something all of the participants in this study experienced.

Theme Two: An Unplanned Pregnancy Necessitates Access to a Variety of Support Systems

The support systems college women relied on were analyzed using the three primary areas of (a) family and friends, (b) community, and (c) academic resources. The participants in this study were able to persist in college and parent their children because of strong support systems. Not surprisingly, their family and friends were extremely important sources of encouragement. Even though the level of backing varied in the beginning of the pregnancy, by the time of the delivery, most of the women felt a strong network of support. The most tentative relationship was with the father of their baby, which had a significant impact on the emotional and physical health of the participants. Community support systems were helpful, with women relying on public assistance from WIC, social services, public health, and their church community. For seven of the women, the church was a source of strength; however, for the woman who was raped,

church was not a helpful place because she felt judged. Three women and the fathers of their babies struggled with denominational differences.

The last support system analyzed in the present study was the academic support at the college they chose to attend. Support varied, but for the most part the participants found college employees helpful. Financial assistance, on-campus childcare, and a private place to take care of personal needs such as breast feeding were issues they felt needed to be addressed.

The literature reviewed reinforced the finding that support systems from family, community, educational, and faith-based entities are important (American Academy of Pediatrics, 2003; American College of Obstetricians and Gynecologists, 2009; Center for Disease Control and Prevention, 2011; Geller, 2004; Goldrick-Rab et al, 2011; Kaye et al., 2009; Markham et al., 2010). Goldrick-Rab et al., (2011) and Story (1999) recognized the importance of support system and indicated that the support was not always forthcoming. Cooper (2011) recommended that women seek out several support systems.

Theme Three: An Unplanned Pregnancy Involves Numerous Transitions

Transition was the final area analyzed in the current study with particular attention paid to physical changes, relationship changes, and changes in self-perception. The physical changes were the most obvious with the participants reporting body image adjustments that accompanied their pregnancy. The participants all talked about “looking pregnant” which was uncomfortable to them. They also shared descriptive details about the birthing process including labor and delivery and breast feeding their children.

Developing a sense of body comfort is a stage of maturity and most of the women in this study shared the challenges they faced in becoming comfortable with their body, particularly during and after pregnancy.

The second transition discussed was in regard to relationships. Expectations impact the dynamics of a relationship and can have a significant effect on the relationship itself. All of the participants in this study had very specific expectations regarding the father of their child which depended on the stability of the relationship. In addition, three of the women were affected by divorce in their own family or their boyfriend's family, so they were adamant about not going through a divorce themselves. If they married the father of their child, they wanted the relationship to be stable and permanent.

The third transition was related to a change in self-perception. The participants in this study wrestled with identity issues. In the beginning, they described making choices based on a perception of invincibility; however, after they learned that they were pregnant, they were forced to reassess life and reprioritize their commitments. Self-confidence needed to be re-established, as many of the women felt that they had disappointed their parents, teachers and friends. A positive attitude helped them reassess what was important in their lives. For all of the women in this study, their priorities included their children, their families, and attaining a college education. They felt they owed it to their children to become the best person they could be so they could provide the best life possible for their family. They were able to look at life with a sense of humor and developed pride in their "amazing" children. Their gradual transition to independence was a journey. The awareness that made the biggest impact on their lives

was the realization that life was no longer about them but about their children. They described their transition from a self-absorbed adolescent to a protective, loving mother who sincerely wanted what was best for their offspring. This was a major transition for the women in this study as their focus shifted from “It’s ALL about me” to “It’s NOT about me.”

The concept of life changes as transitional experiences was widely supported in the review of the literature. The CDC (2011) has published numerous articles on at-risk youth and the challenges they face in developing a strong sense of themselves. Goldrick-Rab et al., (2011) compared the experiences of parenting students with non-parenting students and found the transition significantly different. The American Academy of Pediatrics (2003), American College of Obstetricians and Gynecologists (2009), and CDC (2011) publications included physical descriptors of adolescent pregnancy that reinforced the experience of the participants in the current study. Relationship dynamics were affected not only by the pregnancy itself, but by hormone fluctuations, expectations, and pressures the women experienced related to growing up, being a parent, and succeeding as a college student (CDC, 2011; Furstenberg, 2010; Markham et al., 2010).

The single women in this study learned how to manage their emotions by dealing with events as they emerged. Support systems were essential. The participants learned which support systems they could rely on and which they could not. The resources that were available to them also became important. A strong sense of self-worth took time to develop, but a commitment to overcoming the obstacles they encountered helped them

develop confidence and perseverance. The biggest transition they each experienced was from adolescence to motherhood, which completely changed the way they looked at life.

Limitations

The focus of this study was to investigate the experiences of single college women with an unplanned pregnancy at a small private four-year Christian university in the upper Midwest. One limitation was the size and scope of the sample. Although the participants were from somewhat diverse geographical regions, cultural backgrounds, and career aspirations, they all attended the same college which might have affected their choices and experiences. Another limitation was that the participants' memories may be limited or clouded. Although the interviews took place within three years of the birth, some unpleasant memories may have been buried in the subconscious mind. Finally, the study may have been limited by participants' perceptions of expectations. As students at a private Christian school, the women may have shared the information they felt expected to share.

Conclusions

The conclusions of the study were related to the emotions, support systems, and transitions of the single college women who participated in this research. An unplanned pregnancy was an intensely emotional experience for these women and was exacerbated by the demands of college life. The emotions ranged from intense fear to excited anticipation as the women considered decisions that had to be made and the consequences of their choices. The physical and emotional changes necessitated a strong support network from a variety of different areas. Support from family, friends, and the

father of the child had the most significant impact. Assistance from the community, social services, church, and university also affected the women's ability to juggle multiple roles and still attain their goals. Finally, an unplanned pregnancy and the transition to motherhood was a life-changing experience for these women which accelerated their journey to adulthood.

Recommendations

Recommendations for Higher Education

Institutions of higher education are impacted by women with an unplanned pregnancy in a variety of areas including academic affairs, financial aid, and residential life. The university and college women could both benefit from the assistance available to single mothers. By providing these women with helpful information, offices of support, and key individuals to assist them, the university purposefully develops support systems that could improve both success rates and retention. Participants in the current study recommended providing access to the physical and academic resources necessary to assist them with their needs. Their specific recommendations included childcare options on campus, professors who provide reasonable accommodations, a private place to take care of personal needs, and financial aid resources that are easier to understand and access.

An additional recommendation from participants was for student development services to provide more educational opportunities regarding unplanned pregnancy, and the myriad of factors that precipitate the experience, including the use of alcohol and drugs, date rape, and responsible decision-making. While many excellent seminars are

available on the campus where the research took place, an additional presentation aimed at helping college men advise other men to be responsible could be beneficial.

Recommendations for the Community

It is important to promote youth development strategies that help teens avoid situations that can lead to risky behaviors. Communities need programs that will assist with decision-making skills and self-esteem development, such as those being promoted by the CDC and the President's Teen Pregnancy Prevention Initiative. Communities also need healthy activities that provide young adults with positive alternatives, particularly in rural areas. Supportive communities have higher graduation rates, stronger support networks, and better emotional health (CDC, 2011).

Recommendations for Research

Further research on unplanned pregnancy and single college women is needed to gain a better understanding of the complex dynamics that accompany the unplanned pregnancy experience. An examination of issues aligned with unplanned pregnancy comparing universities that vary in number of students in metropolitan areas and rural areas would provide insight into on-campus and community resource availability. Additional research regarding resources available to women who experience an unplanned pregnancy during their college years, as well as for mothers who come to college as parents of small children, would be helpful. In addition, it would be informative to know what sources the university can provide to help parenting students access the information available to them as well as how communities and universities can better align services that will help meet the needs of their students. Further insights may

be gained in regard to resource availability and access which would help the students make more informed decisions and the university better meet their needs.

Another area recommended for further research is unplanned pregnancy as it relates to current developmental theory. While stages of development have been studied in the past, it is important to analyze the changes that have evolved over the past twenty years. For example, how has the experience of an unplanned pregnancy changed across generations for young adults in their twenties?

In addition, a longitudinal study tracking women with an unplanned pregnancy during college including their persistence in college and their experiences after college would provide insights into the long term impact of an unplanned pregnancy. Areas studied could include the process of confidence development, socioeconomic status, the impact on their children, and the impact on the universities they chose to attend.

Closing Statement

The current study has been a journey of discovery for me as a researcher. It has taught me a great deal about the value of qualitative research and the humility needed to conduct such inquiry. I was deeply moved by the women who volunteered for this study. They were courageous to share their story, yet they felt a sense of responsibility to help others learn from their experience. The results of this study proved to me that institutions of higher education need to be sensitive to students with extenuating circumstances. The success of each student impacts a host of other issues. It is my hope that the information in this study provides a better understanding of the impact of an unplanned pregnancy on

young women's lives. Having a child is a rite of passage for women. Once you are a mother, you can never go back to the way you were before your child was born.

APPENDICES

Appendix A
Consent Form

INFORMED CONSENT

TITLE: Unplanned Pregnancy and College Women

PROJECT DIRECTOR: Jayne Hardy

PHONE #: XXX-XXX-XXXX

DEPARTMENT: Philosophy and Theology

STATEMENT OF RESEARCH

A person who is to participate in the research must give his or her informed consent to such participation. This consent must be based on an understanding of the nature and risks of the research. This document provides information that is important for this understanding. Research projects include only subjects who choose to take part. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

WHAT IS THE PURPOSE OF THIS STUDY?

You are invited to be part of a research study about the impact of an unplanned pregnancy on the college experience because you might have insights to share about this topic.

The purpose of this study is to gain a better understanding of the impact an unplanned pregnancy has on college women who have no other children. It is estimated that approximately 23% of college students either experience or are involved with an unplanned pregnancy. While unplanned pregnancy is a significant event for college students, little is known about how this experience impacts the student's study habits, friendships, relationships with peers and professors, ability to maintain schedules, activities, scholarships or their future plans. I plan to look at the effects this experience has on students, how career goals are impacted and how the university responds to the needs of the students during the experience.

HOW MANY PEOPLE WILL PARTICIPATE?

Up to ten people will take part in this study through the University of North Dakota. The study will be conducted at the University of Mary in Bismarck.

HOW LONG WILL I BE IN THIS STUDY?

Your participation in the study will last a maximum of 18 months.

WHAT WILL HAPPEN DURING THIS STUDY?

Students will be interviewed about their experience with an unplanned pregnancy. Participation is completely voluntary and you may withdraw from the study at any time. Any information you wish to have held in confidence will be confidential. You are also welcome to stop any interview if you are uncomfortable and any information you have shared up to that point will be destroyed. All names and locations will be changed to project your identity. All information will be safely stored in locked cabinets.

WHAT ARE THE RISKS OF THE STUDY?

While I am aware that you may be experiencing some emotional turmoil about the pregnancy, I do not anticipate that this research will add any stress. Some questions may be of a sensitive nature, and you are free to "pass" on such questions. If, however, you become upset by questions, you may stop at any time. If you would like to talk to someone about your feelings about this study, you are encouraged to contact Trina Black in the counseling office at the University of Mary at XXX-XXX-XXXX.

WHAT ARE THE BENEFITS OF THIS STUDY?

Some possible benefits of this study will be a chance to process the pregnancy with another person and verbalize feelings you have about your experience. The University will benefit by having a better understanding of how pregnancy impacts the educational experience for students and retention for the university.

WILL IT COST ME ANYTHING TO BE IN THIS STUDY?

You will not have any costs for being in this research study.

WILL I BE PAID FOR PARTICIPATING?

You will not be paid for being in this research study.

WHO IS FUNDING THE STUDY?

The University of North Dakota and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.

CONFIDENTIALITY

The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, you will not be identified.

Any information that is obtained in this study that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by changing names and locations. All information will be kept in locked cabinets. If we write a report or article about this study, we will describe the study results in a summarized manner so that you cannot be identified.

In addition to UND, the only other place to have access to this information will be the University of Mary. Your identity will be safe guarded, but information will be shared which will help the school understand how they can better assist with degree completion, career goals and student needs when experiencing an unplanned pregnancy.

Interviews will be audio taped for transcription. You have a right to review all transcripts and make any changes you wish.

COMPENSATION FOR INJURY

In the event that this research activity results in an injury, treatment will be available including first aid, emergency treatment and follow-up care as needed. Payment for any such treatment is to be provided by you (you will be billed) or your third-party payer, if any (such as health insurance, Medicare, etc.) No funds have been set aside to compensate you in the event of injury. Also, the study staff cannot be responsible if you knowingly and willingly disregard the directions they give you.

IS THIS STUDY VOLUNTARY?

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota or the University of Mary.

CONTACTS AND QUESTIONS?

The researcher conducting this study is Jayne Hardy. You may ask any questions you have now. If you later have questions, concerns, or complaints about the research please contact Jayne at XXX-XXX-XXXX during the day and at XXX-XXX-XXXX after

hours. If you would like to speak to my advisor, contact Dr. Myrna Olson at UND, (701) 777-3188 or myrna.olson@email.und.edu.

If you have questions regarding your rights as a research subject, or if you have any concerns or complaints about the research, you may contact the University of North Dakota Institutional Review Board at (701) 777-4279. Please call this number if you cannot reach research staff, or you wish to talk with someone else.

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Subjects Name: _____

Signature of Subject

Date

Appendix B

Research Questions

Potential Interview Questions

1. Tell me about your college experience. How has it changed since your pregnancy?
2. Describe your study habits before pregnancy. After pregnancy?
3. Have you been able to fulfill all course requirements? Explain.
4. Have your career plans been altered as a result of the pregnancy? Explain.
5. If you have a scholarship, has that been impacted by the pregnancy? Explain.
6. Tell me about your extracurricular activities before pregnancy. After?
7. How have relationships with your peers been impacted by the pregnancy?
8. How have relationships with your professors changed?
9. How have your long term plans been affected?
10. How is the university responding to your needs during this experience?
11. What suggestions would you make to the university that might have improved your college experience during your pregnancy?
12. What suggestions would you make that might help the university respond to other students in this situation?

Appendix C

Codes, Categories, Themes, and Assertion

CODES	CATEGORIES	THEMES	ASSERTION
Adapting			
Assuming			
Burdensome			
Confused			
Devastation			
Depression			
Disappointment			
Discriminated Against			
Drama			
Embarrassment			
Excited			
Expectations			
Failing			
Fear			
Feeling Judged			
Grieving			
Guilt			
Hopelessness			
Hurting			
Isolation			
Lonely			
Not Invincible			
Overwhelmed			
Pressure			
Proud			
Questioning			
Resenting			
Shock			
Stress			
Trusting			
Uncomfortable			
Worrying			
Academic Advisors			
Adopting			
Child Care			
Community			
Education			
Extra-Curricular			
Faith			
Family			
Finances			
Friends			
Living Situation			
Medical			
Parenting			
Peers			
Professors			
Scholarships			
Study Times and Places			
University Personnel			
Attitude			
Aspiring			
Communicating			
Deciding			
Expecting			
Growing			
Hoping			
Learning			
Marrying			
Not Judging			
Preparing			
Recasting Life			
Recovering			
Searching			

Appendix D
Participant Theme Distribution

	Immacul e	Shoker a	Condolez a	Rock y	Cor a	Johnell a	Marke l	Si s
Emotions								
Fear	X	X	X	X	X	X		X
Anger	X	X	X	X	X	X	X	X
Sadness	X	X	X	X	X	X		
Support Systems								
Family & Friends	X	X	X		X	X	X	X
Communit y	X	X	X	X	X	X	X	
Academia	X	X		X	X	X	X	X
Transition s								
Physical	X	X	X	X	X	X	X	X
Relational	X	X	X	X	X	X	X	X
Self- perception	X	X	X	X	X	X	X	X

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